Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 1 of 76

5/22/19 8:46AM

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| EASTERN DISTRICT OF NORTH CAROLINA              | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | Chapter 11                    |                                 |
|   | Chapter 12                    |                                 |
|   | ✓ Chapter 13                  | Check if this an amended filing |

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai  | Part 1: Identify Yourself  |  |  |   |  |  |
|--|--|--|--|---|--|--|
|  |  | About Debtor 1:                                      |  | About Debtor 2 (Spouse Only in a Joint Case): |  |  |
| 1.   | Your full name   |  |  |   |  |  |
|  | Write the name that is on your government-issued picture identification (for example, your driver's                              | Edith First name                                     |  | First name                                    |  |  |
|  | license or passport).  | Middle name  |  | Middle name                                   |  |  |
| Bring your picture identification to your meeting with the truster |  | Greathouse  Last name and Suffix (Sr., Jr., II, III) |  | Last name and Suffix (Sr., Jr., II, III)      |  |  |
| 2.   | All other names you have used in the last 8 years  |  |  |   |  |  |
|  | Include your married or maiden names.  |  |  |   |  |  |
| 3.   | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-6251  |  |   |  |  |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 2 of 76

5/22/19 8:46AM

Debtor 1 Edith E Greathouse Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|----|--|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ✓ I have not used any business name or EINs.  Business name(s)  | I have not used any business name or EINs.  Business name(s)   |  |  |
|    |  | EINs  | EINs   |  |  |
| 5. | Where you live   | 306 Decatur Rd<br>Jacksonville, NC 28540  | If Debtor 2 lives at a different address:  |  |  |
|    |  | Number, Street, City, State & ZIP Code  Onslow  | Number, Street, City, State & ZIP Code   |  |  |
|    |  | County  | County   |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |  |  |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|    |  | I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|    |  |   |  |  |  |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 3 of 76

5/22/19 8:46AM

Case number (if known)

| 7.  | The chapter of the<br>Bankruptcy Code you are<br>choosing to file under   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |  |   |                                       |   |  |   |
|-----|---|---|--|---|---------------------------------------|---|--|---|
|     | oncoming to the under   | Chapte  | er 7   |   |                                       |   |  |   |
|     |   | Chapte  | er 11  |   |                                       |   |  |   |
|     |   | Chapte  | er 12  |   |                                       |   |  |   |
|     |   | ✓ Chapte  | er 13  |   |                                       |   |  |   |
| 8.  | How you will pay the fee  | abou<br>orde  | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. |   |                                       |   |  |   |
|     |   | ☐ I ne  | ed to pay  | the fee in installments. If ye in Installments (Official For  |                                       | e this option, sign                         | and attach the Applica                     | ation for Individuals to Pay                                    |
|     |   | l rec   | <b>luest tha</b><br>s not requies to you   | t my fee be waived (You ma                                    | ay request<br>may do se<br>able to pa | o only if your inco<br>y the fee in install | me is less than 150% ments). If you choose | of the official poverty line tha this option, you must fill out |
| 9.  | Have you filed for  | No.   | ).   |   |                                       |   |  |   |
|     | bankruptcy within the last 8 years?   | ✓ Yes.  |  |   |                                       |   |  |   |
|     | •   |   | District   | Ohio Northern Bky<br>Court                                    | When                                  | 7/31/11                                     | Case number                                | 11-052976   |
|     |   |   | District   |   | When                                  |   | Case number                                |   |
|     |   |   | District   |   | When                                  |   | Case number                                |   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No ☐ Yes.   |  |   |                                       |   |  |   |
|     |   |   | Debtor   |   |                                       |   | Relationship to y                          | you   |
|     |   |   | District   |   | When                                  |   | Case number, if                            | known   |
|     |   |   | Debtor   |   |                                       |   | Relationship to                            | you   |
|     |   |   | District   |   | When                                  |   | Case number, if                            | known   |
| 11. | Do you rent your residence?   | ✓ No.  Yes.   | Go to li<br>Has yo   | ne 12.<br>ur landlord obtained an evict<br>No. Go to line 12. | ion judgm                             | ent against you?                            |  |   |
|     |   |   |  | 140. GO to line 12.   |                                       |   |  |   |

Debtor 1 Edith E Greathouse

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 4 of 76

5/22/19 8:468

Case number (if known)

| Part  | t3: Report About Any Bu   | sinesses   | You Own as a Sole Proprietor   |  |  |
|---|---|--|--|--|--|
| 12. Are you a sole proprietor of any full- or part-time business? |   | <b>✓</b> No.   | Go to Part 4.  |  |  |
|   |   | Yes.   | Name and location of business  |  |  |
|   | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |  | Name of business, if any   |  |  |
|   | If you have more than one sole proprietorship, use a separate sheet and attach  |  | Number, Street, City, State & ZIP Code   |  |  |
|   | it to this petition.  |  | Check the appropriate box to describe your business:   |  |  |
|   |   |  | Health Care Business (as defined in 11 U.S.C. § 101(27A))  |  |  |
|   |   |  | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |
|   |   |  | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |  |  |
|   |   |  | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |  |  |
|   |   |  | None of the above  |  |  |
| 13.   | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can se deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow in 11 U.S.C. 1116(1)(B). |  |  |  |
|   | For a definition of small   | <b>V</b> No.   | I am not filing under Chapter 11.  |  |  |
|   | business debtor, see 11 U.S.C. § 101(51D).  | ☐ No.  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |  |  |
|   |   | Yes.   | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.      |  |  |
| Pari  | t 4: Report if You Own or   | Have Any   | Hazardous Property or Any Property That Needs Immediate Attention  |  |  |
| 14.   | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any     | ✓ No.  Yes.  | What is the hazard?  |  |  |
|   | property that needs immediate attention?  |  | If immediate attention is needed, why is it needed?  |  |  |
|   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where is the property?  Number, Street, City, State & Zip Code   |  |  |
|   |   |  | Turnor, otros, oxy, state a 219 octo   |  |  |

Debtor 1 Edith E Greathouse

5/22/19 8:46AM Debtor 1 **Edith E Greathouse** 

Explain Your Efforts to Receive a Briefing About Credit Counseling

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| 1 | I am not required to receive a briefing about credit |
|---|--|
| - | counseling because of:                               |

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 6 of 76

Debtor 1 Edith E Greathouse Case number (if known)

|  | -   |                       |   |   |  |
|--|---|-----------------------|---|---|--|
| Par  | t 6: Answer These Quest   | ions for R            | Reporting Purposes  |   |  |
| 16.  | What kind of debts do you have?   | 16a.                  |   | nsumer debts? Consumer debts are definal, family, or household purpose."  | ned in 11 U.S.C. § 101(8) as "incurred by an   |
|  |   |                       | No. Go to line 16b.   |   |  |
|  |   |                       | ✓ Yes. Go to line 17.   |   |  |
|  |   | 16b.                  |   | siness debts? Business debts are debts to the transfer of the business debts are debts to the business debts are debts to the business debts. |  |
|  |   |                       | No. Go to line 16c.   |   |  |
|  |   |                       | Yes. Go to line 17.   |   |  |
|  |   | 16c.                  | State the type of debts you ow  | e that are not consumer debts or busines  | s debts  |
| 17. Are you filing under  No. I am not filing under Chapter 7. Go Chapter 7? |   | 7. Go to line 18.     |   |   |  |
|  | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes.                  |   | o you estimate that after any exempt proper ilable to distribute to unsecured creditors?  | erty is excluded and administrative expenses   |
| 18.  | How many Creditors do you estimate that you owe?  | 1-49<br>50-99<br>100- | 199   | 1,000-5,000<br>5001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than100,000  |
| 19.  | How much do you estimate your assets to be worth?   | \$50,0<br>\$100       | \$50,000<br>001 - \$100,000<br>,001 - \$500,000<br>,001 - \$1 million | \$1,000,001 - \$10 million<br>\$10,000,001 - \$50 million<br>\$50,000,001 - \$100 million<br>\$100,000,001 - \$500 million                    | \$500,000,001 - \$1 billion<br>\$1,000,000,001 - \$10 billion<br>\$10,000,000,001 - \$50 billion<br>More than \$50 billion |
| 20.  | How much do you estimate your liabilities to be?  | \$50,<br>\$100        | \$50,000<br>001 - \$100,000<br>,001 - \$500,000<br>,001 - \$1 million | \$1,000,001 - \$10 million \$10,000,001 - \$50 million \$50,000,001 - \$100 million \$100,000,001 - \$500 million                             | \$500,000,001 - \$1 billion<br>\$1,000,000,001 - \$10 billion<br>\$10,000,000,001 - \$50 billion<br>More than \$50 billion |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 7 of 76

Debtor 1 Edith E Greathouse Case number (if known)

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Edith E Greathouse
Edith E Greathouse
Signature of Debtor 2

Executed on May 10, 2019
MM / DD / YYYY

Executed on MM / DD / YYYY

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 8 of 76

5/22/19 8:46AM

Debtor 1 Edith E Greathouse Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Lindsay Murphy Parker Signature of Attorney for Debtor | Date          | May 10, 2019<br>MM / DD / YYYY |
|--|---------------|--------------------------------|
| Lindsay Murphy Parker 50894                                |               |                                |
| Gillespie & Murphy PA Firm name                            |               |                                |
| P.O. Drawer 888<br>New Bern, NC 28563                      |               |                                |
| Number, Street, City, State & ZIP Code                     |               |                                |
| Contact phone (252) 636-2225                               | Email address | gmpa@lawyersforchrist.com      |
| 50894 NC<br>Bar number & State                             |               |                                |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte   | r 7:  | Liquidation        |
|----------|-------|--------------------|
|          | \$245 | filing fee         |
|          | \$75  | administrative fee |
| <u>+</u> | \$15  | trustee surcharge  |
|          | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 13 of 76

5/22/19 8:46AM

| Fill in this information to identify your case: |                          |                                    |  |  |  |
|---|--------------------------|------------------------------------|--|--|--|
| Debtor 1  | Edith E Greathouse       |                                    |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 |                          |                                    |  |  |  |
| United States B                                 | ankruptcy Court for the: | Eastern District of North Carolina |  |  |  |
| Case number<br>(if known)                       |                          |                                    |  |  |  |
|   |                          |                                    |  |  |  |

| Check as directed in lines 17 and 21:                                |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| According to the calculations required by this Statement:            |  |  |  |  |  |  |  |  |  |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |  |  |  |  |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |  |  |  |  |
| 3. The commitment period is 3 years.                                 |  |  |  |  |  |  |  |  |  |
| 4. The commitment period is 5 years.                                 |  |  |  |  |  |  |  |  |  |
| Check if this is an amended filing                                   |  |  |  |  |  |  |  |  |  |

# Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Par     | 1: Calculate Your Average Monthly Income   |                                   |                            |                          |  |                              |                       |   |                                 |
|---------|--|-----------------------------------|----------------------------|--------------------------|--|------------------------------|-----------------------|---|---------------------------------|
| 1.      | What is your marital and filing status? Check one of   | only.                             |                            |                          |  |                              |                       |   |                                 |
|         | ✓ Not married. Fill out Column A, lines 2-11.  |                                   |                            |                          |  |                              |                       |   |                                 |
|         | Married. Fill out both Columns A and B, lines 2-11   |                                   |                            |                          |  |                              |                       |   |                                 |
| 1<br>th | ill in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-<br>te 6 months, add the income for all 6 months and divide the tot<br>pouses own the same rental property, put the income from that | month per<br>al by 6. Fil         | riod would<br>II in the re | l be March<br>sult. Do n | h 1 throught the half | gh August 31<br>e any income | . If the ame amount m | ount of your monthly incom<br>nore than once. For examp | ne varied during<br>le, if both |
|         |  |                                   |                            |                          |  | Column A<br>Debtor 1         |                       | Column B Debtor 2 or non-filing spouse                  |                                 |
| 2.      | Your gross wages, salary, tips, bonuses, overtime payroll deductions).   | , and co                          | mmissio                    | ons (bef                 | ore all  | \$                           | 0.00                  | \$  |                                 |
| 3.      | <b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.  | e payme                           | nts from                   | a spous                  | e if   | \$                           | 0.00                  | \$  |                                 |
| 4.      | All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Do not include payments from a sport you listed on line 3.                              | r <b>t.</b> Include<br>ld, your d | e regulaı<br>depende       | r contribu<br>nts, pare  | utions<br>ents,<br>ents  | \$                           | 400.00                | \$  |                                 |
| 5.      | Net income from operating a business, profession, or farm  | Debtor                            | 1                          |                          |  |                              |                       |   |                                 |
|         | Gross receipts (before all deductions)   | \$                                | 0.00                       |                          |  |                              |                       |   |                                 |
|         | Ordinary and necessary operating expenses  | -\$                               | 0.00                       |                          |  |                              |                       |   |                                 |
|         | Net monthly income from a business, profession, or fa  | arm \$                            | 0.00                       | Copy h                   | nere -> S  | §                            | 0.00                  | \$  |                                 |
| 6.      | Net income from rental and other real property   | Debtor                            | 1                          |                          |  |                              |                       |   |                                 |
|         | Gross receipts (before all deductions)   | \$                                | 0.00                       |                          |  |                              |                       |   |                                 |
|         | Ordinary and necessary operating expenses  | <b>-</b> \$                       | 0.00                       |                          |  |                              |                       |   |                                 |
|         | Net monthly income from rental or other real property  | \$                                | 0.00                       | Copy h                   | nere -> 9  | 5                            | 0.00                  | \$  |                                 |

| Debtor 1                     | Edith E Greathouse  |                              | Case numbe        | r (if known) |                                     |             |              |
|------------------------------|---|------------------------------|-------------------|--------------|-------------------------------------|-------------|--------------|
|                              |   |                              | 0-1               |              | 0-1                                 |             |              |
|                              |   |                              | Column A Debtor 1 |              | Column B  Debtor 2 or  non-filing s |             |              |
| 7. In                        | terest, dividends, and royalties  |                              | \$                | 0.00         | \$                                  |             |              |
|                              | nemployment compensation  |                              | \$                | 0.00         | \$                                  |             |              |
| D                            | o not enter the amount if you contend that the amount received wa   | as a benefit under           |                   |              | -                                   |             |              |
|                              | e Social Security Act. Instead, list it here:   |                              |                   |              |                                     |             |              |
|                              | For you \$  | 0.00                         |                   |              |                                     |             |              |
| _                            | For your spouse \$  |                              |                   |              |                                     |             |              |
| be                           | ension or retirement income. Do not include any amount receive<br>enefit under the Social Security Act.   |                              | \$                | 518.00       | \$                                  |             |              |
| D<br>re<br>do                | come from all other sources not listed above. Specify the sour<br>o not include any benefits received under the Social Security Act of<br>eceived as a victim of a war crime, a crime against humanity, or into<br>promestic terrorism. If necessary, list other sources on a separate partial below. | or payments<br>ernational or |                   |              |                                     |             |              |
|                              |   |                              | \$                | 0.00         | \$                                  |             |              |
|                              |   |                              | \$                | 0.00         | \$                                  |             |              |
|                              | Total amounts from separate pages, if any.  | +                            | \$                | 0.00         | \$                                  |             |              |
|                              | alculate your total average monthly income. Add lines 2 throug ach column. Then add the total for Column A to the total for Colum   |                              | 918.00            | + _          |                                     | <b>=</b> \$ | 918.00       |
|                              |   |                              |                   |              |                                     |             | al average   |
| Part 2:                      | Determine How to Measure Your Deductions from Incom   | ne .                         |                   |              |                                     | mor         | nthly income |
|                              |   |                              |                   |              |                                     |             |              |
| 12. <b>C</b><br>13. <b>C</b> | opy your total average monthly income from line 11alculate the marital adjustment. Check one:   |                              |                   |              |                                     | \$          | 918.00       |
| V                            | -   |                              |                   |              |                                     |             |              |
| Ė                            | You are married and your spouse is filing with you. Fill in 0 below.  | ow.                          |                   |              |                                     |             |              |
|                              | You are married and your spouse is not filing with you.   |                              |                   |              |                                     |             |              |
|                              | Fill in the amount of the income listed in line 11, Column B, that dependents, such as payment of the spouse's tax liability or the   |                              |                   |              |                                     |             |              |
|                              | Below, specify the basis for excluding this income and the amo<br>adjustments on a separate page.   | ount of income dev           | voted to each     | n purpose    | . If necessary,                     | list additi | onal         |
|                              | If this adjustment does not apply, enter 0 below.   | _                            |                   |              |                                     |             |              |
|                              |   | \$                           |                   |              |                                     |             |              |
|                              |   | \$                           |                   |              |                                     |             |              |
|                              |   |                              |                   |              |                                     |             |              |
|                              | Total   | \$                           | 0.0               | <u>0</u> со  | py here=>                           |             | 0.00         |
|                              |   |                              |                   |              |                                     | •           | 918.00       |
| 14. `                        | Your current monthly income. Subtract line 13 from line 12.   |                              |                   |              |                                     | \$          | 910.00       |
| 15.                          | Calculate your current monthly income for the year. Follow the  | ese steps:                   |                   |              |                                     |             |              |
|                              | 15a. Copy line 14 here=>  |                              |                   |              |                                     | \$          | 918.00       |
|                              | Multiply line 15a by 12 (the number of months in a year).   |                              |                   |              |                                     | <b>x</b> 1  | 2            |
|                              | 15b. The result is your current monthly income for the year for thi   | s part of the form.          |                   |              |                                     | \$1         | 11,016.00    |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 15 of 76

| Debto | or 1            | Edith E Greathouse  |                           | Case number (if known)  |                          |                                     |
|-------|-----------------|---|---------------------------|---|--------------------------|-------------------------------------|
| 16.   | Calc            | ulate the median family income that applies to  | you. Follow these step    | os:   |                          |                                     |
|       | 16a.            | Fill in the state in which you live.  | NC NC                     |   |                          |                                     |
|       | 16b.            | Fill in the number of people in your household.   | 2                         |   |                          |                                     |
|       | 16c.            | Fill in the median family income for your state and To find a list of applicable median income amount instructions for this form. This list may also be ava | ts, go online using the   |   | \$_                      | 61,882.00                           |
| 17.   | How             | do the lines compare?   |                           |   |                          |                                     |
|       | 17a.            | Line 15b is less than or equal to line 16c. 0<br>11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do I  |                           |   |                          |                                     |
|       | 17b.            | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a                            | ulation of Your Dispo     | check box 2, <i>Disposable income is det</i> osable Income (Official Form 122C-2) | ermined un<br>On line 39 | oder 11 U.S.C. § Of that form, copy |
| Part  | 3:              | Calculate Your Commitment Period Under 11   | U.S.C. § 1325(b)(4)       |   |                          |                                     |
| 18.   | Сор             | y your total average monthly income from line   | 11.                       |   | \$                       | 918.00                              |
|       | <b>Ded</b> cont | uct the marital adjustment if it applies. If you are end that calculating the commitment period under se's income, copy the amount from line 13.            | e married, your spouse    | is not filing with you, and you   |                          |                                     |
|       | 19a.            | If the marital adjustment does not apply, fill in 0 or  | n line 19a.               |   | <b>-</b> \$              | 0.00                                |
|       | 19b.            | Subtract line 19a from line 18.   |                           |   | \$                       | 918.00                              |
| 20.   | Calc            | ulate your current monthly income for the year  | Follow these steps:       |   |                          |                                     |
|       | 20a.            | Copy line 19b   |                           |   | \$_                      | 918.00                              |
|       |                 | Multiply by 12 (the number of months in a year).  |                           |   | <b>X</b>                 | 12                                  |
|       | 20b.            | The result is your current monthly income for the y   | year for this part of the | form  | \$_                      | 11,016.00                           |
|       | 20c.            | Copy the median family income for your state and  | I size of household from  | n line 16c  | \$_                      | 61,882.00                           |
|       | 21.             | How do the lines compare?   |                           |   |                          |                                     |
|       |                 | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.  | rise ordered by the cou   | rt, on the top of page 1 of this form, che  | ck box 3, 7              | The commitment                      |
|       |                 | Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.   | nless otherwise ordere    | d by the court, on the top of page 1 of the                                       | his form, ch             | neck box 4, The                     |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 16 of 76

5/22/19 8:46AM

| Debtor 1      | Edith E Greathouse  | Case number (if known)                |                         |
|---------------|---|---------------------------------------|-------------------------|
| Part 4:       | Sign Below signing here, under penalty of perjury I declare that the information of | on this statement and in any attachme | nts is true and correct |
| χ <u>/</u> s/ | Edith E Greathouse  | on the state ment and many attachmen  |                         |
|               | gnature of Debtor 1   |                                       |                         |
| Date          | May 10, 2019 MM / DD / YYYY   |                                       |                         |

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

If you checked 17a, do NOT fill out or file Form 122C-2.

## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 11/01/2018 to 04/30/2019.

### Line 4 - Contributions to household expenses of the debtor or dependents

 $Source\ of\ Income: \textbf{Boyfriend's}\ \textbf{contribution}$ 

Income by Month:

| 6 Months Ago: | 11/2018            | \$400.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 12/2018            | \$400.00 |
| 4 Months Ago: | 01/2019            | \$400.00 |
| 3 Months Ago: | 02/2019            | \$400.00 |
| 2 Months Ago: | 03/2019            | \$400.00 |
| Last Month:   | 04/2019            | \$400.00 |
|               | Average per month: | \$400.00 |

#### Line 9 - Pension and retirement income

Source of Income: Widows benefits

Income by Month:

| 6 Months Ago: | 11/2018            | \$518.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 12/2018            | \$518.00 |
| 4 Months Ago: | 01/2019            | \$518.00 |
| 3 Months Ago: | 02/2019            | \$518.00 |
| 2 Months Ago: | 03/2019            | \$518.00 |
| Last Month:   | 04/2019            | \$518.00 |
|               | Average per month: | \$518.00 |

### Non-CMI - Social Security Act Income

Source of Income: Social Security

Income by Month:

| 6 Months Ago: | 11/2018            | \$1,100.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 12/2018            | \$1,100.00 |
| 4 Months Ago: | 01/2019            | \$1,100.00 |
| 3 Months Ago: | 02/2019            | \$1,100.00 |
| 2 Months Ago: | 03/2019            | \$1,100.00 |
| Last Month:   | 04/2019            | \$1,100.00 |
|               | Average per month: | \$1,100.00 |
|               |                    |            |

|            |                              |                                 |  |  |                              | _                |                                     |
|------------|------------------------------|---------------------------------|--|--|------------------------------|------------------|-------------------------------------|
| Fil        | ll in this inform            | ation to identify you           | r case:  |  |                              |                  |                                     |
| De         | ebtor 1                      | Edith E Greatho                 | use  |  |                              | ]                |                                     |
|            |                              | First Name                      | Middle Name  | Last Name  |                              |                  |                                     |
|            | ebtor 2<br>oouse if, filing) | First Name                      | Middle Name  | Last Name  |                              |                  |                                     |
|            |                              |                                 | EASTERN DISTRICT O   |  | 10                           |                  |                                     |
| U          | illeu States Dai             | kruptcy Court for the:          | LASTERN DISTRICT O   | FNORTH CAROLIN                                   | <u> </u>                     |                  |                                     |
| 1          | ase number                   |                                 |  |  |                              |                  |                                     |
| (II K      | known)                       |                                 |  |  |                              |                  | neck if this is an<br>nended filing |
| _          |                              |                                 |  |  |                              | 1                | 3                                   |
| $\bigcirc$ | fficial Ear                  | m 107                           |  |  |                              |                  |                                     |
|            | fficial For                  |                                 | Affaina fan Indius   | duala Filipa                                     | for Donlarinto               |                  |                                     |
| <b>D</b> I | atement                      | of Financial                    | Affairs for Indivi   | duais Filing                                     | for Bankruptc                | У                | 4/19                                |
|            |                              |                                 | ble. If two married people<br>attach a separate sheet to   |  |                              |                  |                                     |
|            |                              | i). Answer every que            |  | o unis iorini. On une                            | lop of any additional pay    | jes, write you   | name and case                       |
| Pa         | art 1: Give D                | etails About Your Ma            | arital Status and Where Yo                                 | u Lived Before                                   |                              |                  |                                     |
|            |                              |                                 |  |  |                              |                  |                                     |
| 1.         | wnat is your                 | current marital statu           | IS?  |  |                              |                  |                                     |
|            | Married                      |                                 |  |  |                              |                  |                                     |
|            | ✓ Not marr                   | ried                            |  |  |                              |                  |                                     |
| 2.         | During the la                | st 3 years, have you            | lived anywhere other than                                  | where you live no                                | w?                           |                  |                                     |
|            | <b>√</b> No                  |                                 |  |  |                              |                  |                                     |
|            | =                            | all of the places you l         | ived in the last 3 years. Do i                             | not include where yo                             | u live now.                  |                  |                                     |
|            | Debtor 1 Pri                 | or Address:                     | Dates Debtor   | 1 Debtor 2                                       | Prior Address:               |                  | Dates Debtor 2                      |
|            | 200101 1111                  | 01 / tual 0001                  | lived there  | 2001012  |                              |                  | lived there                         |
| 3.         | Within the la                | st 8 vears, did vou ev          | ver live with a spouse or le                               | egal eguivalent in a                             | community property sta       | ate or territory | ? (Community property               |
|            |                              |                                 | lifornia, Idaho, Louisiana, N                              |  |                              |                  |                                     |
|            | <b>√</b> No                  |                                 |  |  |                              |                  |                                     |
|            | =                            | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (C                                | Official Form 106H).                             |                              |                  |                                     |
| Do         | w 2 Evolois                  | a the Courses of Vau            | . Income   |  |                              |                  |                                     |
| Га         | art 2 Explain                | n the Sources of You            | i income   |  |                              |                  |                                     |
| 4.         |                              |                                 | nployment or from operati                                  |  |                              | revious calen    | dar years?                          |
|            |                              |                                 | u received from all jobs and<br>have income that you recei |  |                              |                  |                                     |
|            | , ou are                     | g a journ case and yea          | mare meeme manyeureee.                                     | re tegether, net it en                           | .,                           |                  |                                     |
|            | ✓ No                         | in the details.                 |  |  |                              |                  |                                     |
|            | res. rill                    | iii iile üelalis.               |  |  |                              |                  |                                     |
|            |                              |                                 | Debtor 1   |  | Debtor 2                     |                  |                                     |
|            |                              |                                 | Sources of income Check all that apply.                    | Gross income<br>(before deduction<br>exclusions) | Sources of in Check all that |                  | Gross income (before deductions     |

5/22/19 8:46AN

Debtor 1 Edith E Greathouse Case number (if known) Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until **Social Security** \$5.500.00 the date you filed for bankruptcy: Widow's benefits \$2,590.00 **Bovfriend** \$2,000.00 contribution For last calendar year: Social Security \$14,256.00 (January 1 to December 31, 2018) Widow's benefits \$5,446,04 **Boyfriend** \$4,800.00 contribution For the calendar year before that: Social Security \$13,200.00 (January 1 to December 31, 2017) Widow's benefits \$5,446.04 **Boyfriend** \$4,800.00 contribution Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more? ∐ No. Go to line 7. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7 List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment

**Total amount** 

Statement of Financial Affairs for Individuals Filing for Bankruptcy

paid

Amount you

still owe

Creditor's Name and Address

Official Form 107

Was this payment for ...

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 20 of 76

Case number (if known)

| 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you Insiders include your relatives; any general partners; relatives of any general partners; part of which you are an officer, director, person in control, or owner of 20% or more of their voti a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domest alimony.  No  Yes. List all payments to an insider. |   |  |   |               | ch you are a gener<br>nd any managing   | al partner; corporations agent, including one for               |  |
|---|---|--|---|---------------|---|---|--|
|   | Insider's Name and Address  | Dates of payment   | Total amount paid   | Amount yo     |   | r this payment  |  |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No Yes. List all payments to an insider |  |   |               |   | lebt that benefited an  |  |
|   | Insider's Name and Address  | Dates of payment   | Total amount paid   | Amount ye     |   | r this payment<br>ditor's name                                  |  |
| Pai   | rt 4: Identify Legal Actions, Repossession  | ns, and Foreclosures   |   |               |   |   |  |
| 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or of modifications, and contract disputes. No Yes. Fill in the details.  |   |  |   |               |   |   |  |
|   | Case title Case number  | Nature of the case Court or agency   |   | Status of t   | Status of the case                      |   |  |
|   | Summit County Sherrif vs. Edith E<br>Greathouse<br>CRB 1500928  | Extended<br>Payment of Fine<br>Agreement -<br>Violation Control<br>of Dogs 4/15/2015 | Barberton Municipal Court<br>Attn: Managing Agent<br>576 West Park Ave 205<br>Barberton, OH 44203 |               | Pendin On app Conclu  Agreeme 9/19/2018 | eal<br>ded<br>nt signed   |  |
|   | Summit Co Sheriff vs. Edith E<br>Greathouse<br>CRB 1500813  | Extended<br>Payment of Fine<br>Agreement   | Barberton Municipal Court<br>Attn: Managing Agent<br>576 West Park Ave 205<br>Barberton, OH 44203 |               | Pendin On app Conclu  Agreeme 9/19/2018 | eal<br>ded<br>nt signed   |  |
|   | Selene Finance, LP v. Edith E.<br>Greathouse & James Eugene<br>Mitchell   | reathouse & James Eugene Court   |   |               | On app                                  | <ul><li>✔ Pending</li><li>On appeal</li><li>Concluded</li></ul> |  |
|   |   |  |   |               | Hearing 6                               | ) 13/1 <del>9</del>   |  |
| 10.   | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below.  No. Go to line 11.                       |  | rty repossessed, fo   | oreclosed, ga | arnished, attache                       | d, seized, or levied?   |  |
|   | Yes. Fill in the information below.   | Describe the Present   |   | -             | lato                                    | Volue of the  |  |
|   | Creditor Name and Address   | Describe the Property  |   | L             | Date                                    | Value of the<br>property  |  |
|   |   | Explain what happened  |   |               |   |   |  |

Debtor 1 Edith E Greathouse

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 21 of 76

Case number (if known)

5/22/19 8:46AM

| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No |                    |  |                                   |                          |  |  |  |
|-----|--|--------------------|--|-----------------------------------|--------------------------|--|--|--|
|     | Yes. Fill in the details.  Creditor Name and Address   |                    | Describe the action the creditor took  | Date action was taken             | Amount                   |  |  |  |
| 12. | Within 1 year before you filed for bankri<br>court-appointed receiver, a custodian, of<br>✓ No<br>Yes  |                    | was any of your property in the possession of an a   |                                   | efit of creditors, a     |  |  |  |
| Pa  | tt 5: List Certain Gifts and Contribution  | ns                 |  |                                   |                          |  |  |  |
| 13. | <ul><li>✓ No</li><li>✓ Yes. Fill in the details for each gift.</li></ul>   |                    | , did you give any gifts with a total value of more t  |                                   |                          |  |  |  |
|     | Gifts with a total value of more than \$6 per person  Person to Whom You Gave the Gift and   |                    | Describe the gifts   | Dates you gave the gifts          | Value                    |  |  |  |
|     | Address:   |                    |  |                                   |                          |  |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.    |                    |  |                                   |                          |  |  |  |
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo   |                    | Describe what you contributed  | Dates you contributed             | Value                    |  |  |  |
| Pai | rt 6: List Certain Losses  |                    |  |                                   |                          |  |  |  |
| 15. | or gambling?   | uptcy              | or since you filed for bankruptcy, did you lose anyt   | thing because of thef             | t, fire, other disaster, |  |  |  |
|     | ✓ Yes. Fill in the details.  Describe the property you lost and how the loss occurred  **Text  | Inclu              | cribe any insurance coverage for the loss de the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property lost   |  |  |  |
|     | Damage to ceilings, bathroom<br>wall, floors & roof from<br>Hurricane Florence   | September,<br>2018 | \$9,000.00   |                                   |                          |  |  |  |
|     |  |                    |  |                                   |                          |  |  |  |
| Pa  | t 7: List Certain Payments or Transfer   | 'S                 |  |                                   |                          |  |  |  |
| 16. | consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition   | prepa              | did you or anyone else acting on your behalf pay or ring a bankruptcy petition? ers, or credit counseling agencies for services required         |                                   | rty to anyone you        |  |  |  |
|     | <ul><li>No</li><li>✓ Yes. Fill in the details.</li></ul>   |                    |  |                                   |                          |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not  | You                | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment        |  |  |  |
|     | Gillespie & Murphy PA<br>P.O. Drawer 888<br>New Bern, NC 28563<br>gmpa@lawyersforchrist.com  |                    | Attorney Fees - \$157.00<br>Filing Fee - \$310.00<br>Credit Report - \$33.00   | 4/5/2019                          | \$500.00                 |  |  |  |

Debtor 1 Edith E Greathouse

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 22 of 76

| Del   | btor 1        | Edith E Greathouse   |   |   | Case numb      | Der (if known)   |                               |
|---|---------------|--|---|---|----------------|--|-------------------------------|
| 17  | \A/i+bi•      | a 1 year before you filed for benkrypte  | y did you or anyone ele                                       | o acting on ve  | our bobolf ne  | ov or transfer any propo                                 | rty to anyone who             |
| 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.  |               |  |   |   |                |  |                               |
|   | =             | lo<br>'es. Fill in the details.  |   |   |                |  |                               |
|   | Perso<br>Addr | on Who Was Paid<br>ess   | Description and v<br>transferred                              | alue of any pr  | operty         | Date payment<br>or transfer was<br>made                  | Amount of payment             |
| 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your proper include gifts and transfers that you have already listed on this statement.    No |               |  |   |   |                |  |                               |
|   | Perso<br>Addr | on Who Received Transfer<br>ess  | Description and v<br>property transfer                        |   | payme          | be any property or<br>ents received or debts<br>exchange | Date transfer was made        |
|   | Pers          | on's relationship to you   |   |   |                | Ū  |                               |
| 19.   | benef         | n 10 years before you filed for bankrup iciary? (These are often called asset-provo<br>No<br>Yes. Fill in the details.                       |   | y property to a                                       | a self-settled | d trust or similar device                                | of which you are a            |
|   | Name          | e of trust   | Description and v   | alue of the pro                                       | perty trans    | ferred   | Date Transfer was             |
|   |               |  |   |   |                |  | made                          |
| Pa  | rt 8:         | List of Certain Financial Accounts, Ins  | struments, Safe Deposit                                       | Boxes, and S  | torage Units   | S  |                               |
| 20.   |               | n 1 year before you filed for bankruptc  | y, were any financial ac                                      | counts or inst  | ruments hel    | d in your name, or for y                                 | our benefit, closed,          |
|   | house         | moved, or transferred?<br>de checking, savings, money market, c<br>es, pension funds, cooperatives, assoc<br>lo<br>/es. Fill in the details. |   |   |                | ; shares in banks, credi                                 | t unions, brokerage           |
|   |               | e of Financial Institution and   | Last 4 digits of  | Type of acco  | ount or        | Date account was   | Last balance                  |
|   | Addr<br>Code) | <b>ess</b> (Number, Street, City, State and ZIP  | account number  | instrument  |                | closed, sold,<br>moved, or<br>transferred                | before closing or<br>transfer |
| 21.   |               | u now have, or did you have within 1 yor other valuables?  | year before you filed for                                     | bankruptcy, a   | ny safe dep    | osit box or other depos                                  | itory for securities,         |
|   | =             | lo<br>'es. Fill in the details.  |   |   |                |  |                               |
|   |               | e of Financial Institution<br>less (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |   | Describe t     | he contents  | Do you still have it?         |
| 22.   | Have          | you stored property in a storage unit o  | or place other than your                                      | home within   | l year before  | e you filed for bankrupto                                | cy?                           |
|   | =             | lo<br>'es. Fill in the details.  |   |   |                |  |                               |
|   | Name          | e of Storage Facility ess (Number, Street, City, State and ZIP Code)   | Who else has or h   |   | Describe t     | he contents  | Do you still have it?         |
|   |               |  | Address (Number, S<br>State and ZIP Code)                     | Address (Number, Street, City,<br>State and ZIP Code) |                |  |                               |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 23 of 76

| De       | ebtor 1 Edith E Greathouse  |  | Ca    | ase number (if known)              |                     |
|----------|---|--|-------|------------------------------------|---------------------|
|          |   |  |       |                                    |                     |
| Pa       | art 9: Identify Property You Hold or Control for  | r Someone Else   |       |                                    |                     |
| 23.      | Do you hold or control any property that some for someone.  | eone else owns? Include any prope  | rty y | ou borrowed from, are storing fo   | r, or hold in trust |
|          | <ul><li>✓ No</li><li>Yes. Fill in the details.</li></ul>  |  |       |                                    |                     |
|          | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)  | De    | escribe the property               | Value               |
| Pa       | art 10: Give Details About Environmental Inform   | nation   |       |                                    |                     |
| For      | r the purpose of Part 10, the following definitions   | s apply:   |       |                                    |                     |
| <b>/</b> | toxic substances, wastes, or material into the regulations controlling the cleanup of these su<br>Site means any location, facility, or property as | air, land, soil, surface water, ground<br>ubstances, wastes, or material.<br>s defined under any environmental | dwa   | iter, or other medium, including s | tatutes or          |
| <b>V</b> | to own, operate, or utilize it, including disposa<br>Hazardous material means anything an environ<br>hazardous material, pollutant, contaminant, or | nmental law defines as a hazardous   | s wa  | aste, hazardous substance, toxic   | substance,          |
| Rep      | port all notices, releases, and proceedings that y  | you know about, regardless of whe  | n th  | ey occurred.                       |                     |
| 24.      | Has any governmental unit notified you that yo  | ou may be liable or potentially liable   | e un  | der or in violation of an environm | ental law?          |
|          | <ul><li>✓ No</li><li>✓ Yes. Fill in the details.</li></ul>  |  |       |                                    |                     |
|          | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State an ZIP Code)  | nd    | Environmental law, if you know it  | Date of notice      |
| 25.      | Have you notified any governmental unit of an   | y release of hazardous material?   |       |                                    |                     |
|          | <ul><li>✓ No</li><li>✓ Yes. Fill in the details.</li></ul>  |  |       |                                    |                     |
|          | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)                                      | nd    | Environmental law, if you know it  | Date of notice      |
| 26.      | Have you been a party in any judicial or admin  | istrative proceeding under any env   | iron  | mental law? Include settlements    | and orders.         |
|          | ✓ No ✓ Yes. Fill in the details.  |  |       |                                    |                     |
|          | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Na    | ature of the case                  | Status of the case  |
| Pa       | art 11: Give Details About Your Business or Co  | nnections to Any Business  |       |                                    |                     |
| 27.      | Within 4 years before you filed for bankruptcy,   | , did you own a business or have ar  | ny o  | f the following connections to an  | y business?         |
|          | A sole proprietor or self-employed in a   | a trade, profession, or other activity   | , eit | her full-time or part-time         |                     |
|          | A member of a limited liability compan  | y (LLC) or limited liability partnersh   | hip ( | (LLP)                              |                     |
|          | ☐ A partner in a partnership  |  |       |                                    |                     |
|          | An officer, director, or managing execu   | utive of a corporation   |       |                                    |                     |
|          | An owner of at least 5% of the voting of  | or equity securities of a corporation  | 1     |                                    |                     |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 24 of 76

| Debtor 1 Edith E Greathouse |  |   | Case number (if known)  |  |  |
|-----------------------------|--|---|---|--|--|
|                             | o. None of the above applies. Go to less. Check all that apply above and fil | Part 12.<br>I in the details below for each business.                 |   |  |  |
| Addre                       | ess Name<br>ess<br>er, Street, City, State and ZIP Code)                     | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed |  |  |
| institu                     | tions, creditors, or other parties.  | tcy, did you give a financial statement to                            | anyone about your business? Include all financial   |  |  |
| Name<br>Addre               |  | Date Issued   |   |  |  |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 25 of 76

| Debtor 1 Edith E Greathouse                               | Case number (if known)  |
|---|---|
|   |   |
| Part 12: Sign Below                                       |   |
| are true and correct. I understand that making a fa       | ncial Affairs and any attachments, and I declare under penalty of perjury that the answers alse statement, concealing property, or obtaining money or property by fraud in connection 250,000, or imprisonment for up to 20 years, or both. |
| /s/ Edith E Greathouse                                    |   |
| Edith E Greathouse<br>Signature of Debtor 1               | Signature of Debtor 2   |
| Date May 10, 2019   | Date  |
| Did you attach additional pages to Your Statement  No Yes | t of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
| Did you pay or agree to pay someone who is not a          |   |
|   | tcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |

|                       |  |                                      |   |                                   |   |                    |                                      | 5/22/19 8:46AM                                    |
|-----------------------|--|--------------------------------------|---|-----------------------------------|---|--------------------|--------------------------------------|---|
| Fill in               | this informa                                   | ation to identify                    | your case and th                            | is filinç                         | g:  |                    |                                      |   |
| Debto                 | r 1  | Edith E Grea                         | athouse                                     |                                   |   |                    |                                      |   |
|                       |  | First Name                           | Middle                                      | Name                              | Last Name   |                    |                                      |   |
| Debtoi<br>(Spouse     |  | First Name                           | Middle                                      | Name                              | Last Name   |                    |                                      |   |
| Linitad               | Ctatas Banl                                    | kruptov Court for                    | that EASTEDN                                | DISTDI                            | CT OF NORTH CAROLINA  |                    |                                      |   |
| United                | States Dani                                    | Krupicy Court for                    | the. EASTERN                                | ואוכוט                            | CT OF NORTH CAROLINA  |                    |                                      |   |
| Case r                | number   |                                      |   |                                   |   |                    |                                      | ☐ Check if this is an                             |
|                       |  |                                      |   |                                   |   |                    |                                      | amended filing                                    |
|                       |  | /=                                   | _   |                                   |   |                    |                                      |   |
| Offic                 | cial For                                       | m 106A/E                             | <u> </u>                                    |                                   |   |                    |                                      |   |
| Sch                   | redule   | : A/B: Pi                            | roperty                                     |                                   |   |                    |                                      | 12/15   |
| think it i<br>informa | fits best. Be<br>tion. If more<br>every questi | as complete and space is needed, on. | accurate as possibl<br>attach a separate sl | e. If two<br>heet to ti           | only once. If an asset fits in more thar<br>married people are filing together, both<br>his form. On the top of any additional p  | are equally resp   | onsible for su                       | pplying correct                                   |
| 1. <b>Do y</b>        | ou own or ha                                   | ive any legal or eq                  | juitable interest in a                      | ıny resid                         | lence, building, land, or similar property  | ?                  |                                      |   |
| □ N                   | o. Go to Part 2                                | 2.                                   |   |                                   |   |                    |                                      |   |
| ■ Ye                  | es. Where is t                                 | the property?                        |   |                                   |   |                    |                                      |   |
|                       |  |                                      |   |                                   |   |                    |                                      |   |
|                       |  |                                      |   |                                   |   |                    |                                      |   |
| 1.1                   | 00 D t   | D.1                                  |   | What                              | t is the property? Check all that apply   |                    |                                      |   |
|                       | 06 Decatu                                      | available, or other des              | scription                                   |                                   | Single-family home  |                    |                                      | nims or exemptions. Put d claims on Schedule D:   |
|                       | Sileet address, if a                           |                                      |   |                                   | Duplex or multi-unit building  Condominium or cooperative   |                    | /ho Have Claims Secured by Property. |   |
|                       |  |                                      |   |                                   | Condominant of Cooperative  |                    |                                      |   |
|                       |  |                                      | 00540 0000                                  |                                   | Manufactured or mobile home   | Current va         | lue of the                           | Current value of the                              |
| _                     | acksonvill                                     |                                      | 28540-0000<br>ZIP Code                      |                                   |   | entire proj        | perty?<br>94,257.00                  | portion you own?<br>\$47,128.50                   |
| C                     | ity  | State                                | ZIF Code                                    |                                   | Investment property Timeshare   | Ψ.                 | 74,237.00                            | φ47,120.30  |
|                       |  |                                      |   |                                   | Other   |                    |                                      | our ownership interest ancy by the entireties, or |
|                       |  |                                      |   |                                   | has an interest in the property? Check o  | a life estat       | e), if known.                        |   |
| _                     | _  |                                      |   | _                                 | Debtor 1 only   | Tenants            | in commo                             | n   |
|                       | Onslow   |                                      |   |                                   |   |                    |                                      |   |
| C                     | ounty  |                                      |   |                                   |   |                    |                                      | munity property                                   |
|                       |  |                                      |   | Othe                              | At least one of the debtors and another<br>r information you wish to add about thi  | ,                  | structions)                          |   |
|                       |  |                                      |   |                                   | erty identification number:   | s item, such as it | ·cai                                 |   |
|                       |  |                                      |   | FMV<br>Pure<br>Pric<br>TV:<br>Owr | idence<br>/: \$94,257.00 (TV \$104,730.00<br>chased: Inherited 2015<br>:e: \$Inherited<br>\$104,730.00<br>nership: D1 with boyfriend Jam<br>hthly Contractual Payment (P/I/ | es Mitchell        | ŕ                                    |   |
|                       |  |                                      |   |                                   | · · · · · · · · · · · · · · · · · · ·   |                    |                                      |   |
|                       |  |                                      |   |                                   | your entries from Part 1, including   |                    |                                      | \$47,128.50                                       |
| •                     | •  | our Vehicles                         |   |                                   |   |                    |                                      |   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Yes. Describe.....

Televisions \$150.00

Official Form 106A/B Schedule A/B: Property page 3

Do not deduct secured claims or exemptions.

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Debtor 1 **Edith E Greathouse** Case number (if known) 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$0.23 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... PNC (joint with Boyfriend) \$0.63 17.1. Checking **BOA** \$1.45 Checking 17.2. **PNC** \$0.53 17.3. Checking NFCU (joint with Boyfriend) Zero balance \$0.00 Checking NFCU (joint with Boyfriend) \$5.00 Savings 17.5. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No

☐ Yes................ Issuer name and description.

Official Form 106A/B Schedule A/B: Property

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 30 of 76 Debtor 1 **Edith E Greathouse** Case number (if known) 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of \$5,000.00 which are discovered post-petition. 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

□ No

Yes. Name the insurance company of each policy and list its value.

Company name: Beneficiary: Surrender or refund

value:

**American General Life** 

Owner: D1 Insured: D1 No cash value

Jimmy & Joshua

Mitchell

\$0.00

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 31 of 76 Debtor 1 **Edith E Greathouse** Case number (if known) 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims Yes. Describe each claim....... The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of Unknown which are discovered post-petition. 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$5.007.84 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

Debtor 1 Case number (if known) **Edith E Greathouse** List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 55. \$47,128.50 Part 2: Total vehicles, line 5 56. \$0.00 Part 3: Total personal and household items, line 15 57. \$5,760.80 58. Part 4: Total financial assets, line 36 \$5,007.84 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total 62. \$10,768.64 \$10,768.64 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$57,897.14

Official Form 106A/B Schedule A/B: Property page 7

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 33 of 76

|                               |  |   |   |   | 5/22/19 8:46AM  |  |
|-------------------------------|--|---|---|---|---|--|
| Fill                          | in this information to identify your case  | :   |   |   |   |  |
| De                            | btor 1 Edith E Greathouse  |   |   |   |   |  |
|                               | First Name   | Middle Name   | L   | ast Name  |   |  |
| 1                             | btor 2 buse if, filing) First Name   | Middle Name   | L   | ast Name  |   |  |
| Un                            | ited States Bankruptcy Court for the: EA   | STERN DISTRICT OF N   | ORTH  | I CAROLINA  |   |  |
|                               | End States Barringhey Court for the.   | STERRIFICATION OF THE   |   | TOTAL COLITIVE  |   |  |
| 1                             | se number  |   |   |   | ☐ Check if this is an   |  |
| (                             | ,  |   |   |   | amended filing  |  |
| _                             |  |   |   |   | -   |  |
| <u>O</u> 1                    | ficial Form 106C   |   |   |   |   |  |
| S                             | chedule C: The Prop  | erty You Cla  | ıim   | as Exempt   | 4/19  |  |
| For spe any fundexe to the Pa | as complete and accurate as possible. If two property you listed on Schedule A/B: Proped ded, fill out and attach to this page as many e number (if known).  each item of property you claim as exencific dollar amount as exempt. Alternative applicable statutory limit. Some exempt ds—may be unlimited in dollar amount. It must be applicable statutory amount.  Identify the Property You Claim a Which set of exemptions are you claimian You are claiming state and federal nonterproperty.  For any property you list on Schedule A | orty (Official Form 106A/B) or copies of Part 2: Additional part, you must specify the rely, you may claim the fions—such as those for the value of the property sexempt  ng? Check one only, every pankruptcy exemptions.  11 U.S.C. § 522(b)(2) | e amo<br>iull fai<br>heali<br>n exen<br>ty is c | our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. It market value of the property be thaids, rights to receive certain be nption of 100% of fair market value determined to exceed that amount our spouse is filing with you.  S.C. § 522(b)(3) | claim as exempt. If more space is additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of the enefits, and tax-exempt retirement the under a law that limits the |  |
|                               | Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own  Copy the value from   |   | ount of the exemption you claim eck only one box for each exemption.  | Specific laws that allow exemption  |  |
|                               |  | Schedule A/B  | CHE   | еск опу оне вох тог еасп ехетірион.   |   |  |
|                               | 306 Decatur Rd Jacksonville, NC  | \$47,128.50   |   | \$30,000.00   | N.C. Gen. Stat. §   |  |
|                               | 28540 Onslow County Residence FMV: \$94,257.00 (TV \$104,730.00 10% liquidation cost) Purchased: Inherited 2015 Price: \$Inherited TV: \$104,730.00 Ownership: D1 with boyfriend Jame Mitchell Monthly Contractual Pay Line from Schedule A/B: 1.1   |   |   | 100% of fair market value, up to any applicable statutory limit   | 1C-1601(a)(1)   |  |
|                               | Refrigerator & Stove   | \$500.00  | _   | \$239.20  | N.C. Gen. Stat. § 1C-1601(a)(4)   |  |
|                               | Subject to lien in Boyfriend's name only   |   | _   | ·   |   |  |
|                               | Line from Schedule A/B: 6.1  |   |   | 100% of fair market value, up to any applicable statutory limit   |   |  |
|                               | Small kitchen appliances Line from Schedule A/B: 6.2   | \$50.00   |   | \$50.00   | N.C. Gen. Stat. § 1C-1601(a)(4)   |  |
|                               | Eine nom Genedale AVD. VIL   |   |   | 100% of fair market value, up to any applicable statutory limit   |   |  |

| etor 1 Edith E Greathouse  |   |    | Case number (if known)   |                                    |
|--|---|----|--|------------------------------------|
| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own  Copy the value from |    | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
|  | Schedule A/B  | 00 | on only one source out on one input                                  |                                    |
| Microwave Line from Schedule A/B: 6.3  | \$25.00   |    | \$25.00  | N.C. Gen. Stat. § 1C-1601(a)(4     |
| Line from Schedule AVD. 4.4  |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Washer & Dryer Line from Schedule A/B: 6.4   | \$300.00  |    | \$300.00   | N.C. Gen. Stat. § 1C-1601(a)(      |
|  |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Dishes Line from Schedule A/B: 6.5   | \$50.00   |    | \$50.00  | N.C. Gen. Stat. § 1C-1601(a)(      |
| Zine nom concade / v Zi  |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Silverware Line from Schedule A/B: 6.6   | \$20.00   |    | \$20.00  | N.C. Gen. Stat. § 1C-1601(a)(      |
| Zino nom Goriodalo 702. ese  |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Living room furniture Line from Schedule A/B: 6.7                                      | \$200.00  |    | \$200.00   | N.C. Gen. Stat. § 1C-1601(a)(      |
| Line from Schedule A/B: 0.1  |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Bedroom furniture Line from Schedule A/B: 6.8  | \$250.00  |    | \$250.00   | N.C. Gen. Stat. § 1C-1601(a)(      |
|  |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Dining room furniture Line from Schedule A/B: 6.9                                      | \$125.00  |    | \$125.00   | N.C. Gen. Stat. § 1C-1601(a)(      |
|  |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Televisions Line from Schedule A/B: 7.1  | \$150.00  |    | \$150.00   | N.C. Gen. Stat. § 1C-1601(a)(      |
| Ellie Holli Genedale Av.B. FFF   |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| 2 Computers & 2 printers Line from Schedule A/B: 7.2                                   | \$400.00  |    | \$400.00   | N.C. Gen. Stat. § 1C-1601(a)(      |
| Ellie Holli Goricdale PAB. P.2   |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Cell phone Line from Schedule A/B: 7.3   | \$100.00  |    | \$100.00   | N.C. Gen. Stat. § 1C-1601(a)(      |
| Ento Hom Goriodalo FVD. 110  |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Clothing & personal items Line from Schedule A/B: 11.1                                 | \$200.00  |    | \$200.00   | N.C. Gen. Stat. § 1C-1601(a)(      |
| Z.i.oom Goriodalo / V.D. 1111  |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Any and all miscellaneous household goods and personal items listed                    | \$2,890.80  |    | \$2,890.80   | N.C. Gen. Stat. § 1C-1601(a)(      |
| herein. Line from <i>Schedule A/B</i> : 14.1   |   |    | 100% of fair market value, up to any applicable statutory limit      |                                    |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 35 of 76

| Debte            | or 1 Edith E Greathouse  |                                      |         | Case number (if known)  |                                    |
|------------------|--|--------------------------------------|---------|---|------------------------------------|
|                  | Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|                  |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|                  | Mobile Wheelchair<br>Line from Schedule A/B: 14.2  | \$500.00                             |         | \$500.00  | N.C. Gen. Stat. § 1C-1601(a)(7)    |
| -                |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | Cash<br>Line from Schedule A/B: 16.1   | \$0.23                               |         | \$0.23  | N.C. Gen. Stat. § 1-362            |
|                  |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | Checking: PNC (joint with Boyfriend) Line from Schedule A/B: 17.1  | \$0.63                               |         | \$0.63  | N.C. Gen. Stat. § 1-362            |
|                  |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | Checking: BOA Line from Schedule A/B: 17.2   | \$1.45                               |         | \$1.45  | N.C. Gen. Stat. § 1-362            |
| -                |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | Checking: PNC Line from Schedule A/B: 17.3   | \$0.53                               |         | \$0.53  | N.C. Gen. Stat. § 1-362            |
| •                |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | Savings: NFCU (joint with Boyfriend) Line from Schedule A/B: 17.5  | \$5.00                               |         | \$5.00  | N.C. Gen. Stat. § 1-362            |
|                  |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | The debtor(s) reserve the right to amend these schedules to include  | \$5,000.00                           |         | \$5,000.00  | N.C. Gen. Stat. § 1C-1601(a)(2)    |
| 3<br>1<br>0<br>1 | and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition.  Line from Schedule A/B: 28.1 |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | The debtor(s) reserve the right to amend these schedules to include  | Unknown                              |         |   | N.C. Gen. Stat. § 1C-1601(a)(8)    |
| ;<br>;<br>(      | pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition.  Line from Schedule A/B: 34.1                                     |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|                  | Are you claiming a homestead exemption of Subject to adjustment on 4/01/22 and every 3   |                                      |         | led on or after the date of adjustmer                           | nt.)                               |
| [                | <ul><li>☐ Yes. Did you acquire the property covere</li><li>☐ No</li><li>☐ Yes</li></ul>  | ed by the exemption wi               | ithin 1 | ,215 days before you filed this case'                           | ?                                  |

Rev. 3/2016

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NORTH CAROLINA

| IN THE MATTER OF:  |
|--------------------|
| Edith E Greathouse |
| Debtor(s).         |

CASE NUMBER:

5/22/19 8:46AM

#### SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

- I, <u>Edith E Greathouse</u>, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: (Attach additional sheets if necessary).
- 1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

| Description of Property and Address   | Market<br><u>Value</u> | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | Mortgage Holder<br>or Lien Holder | Amount of<br>Mortgage<br><u>or Lien</u> | Net<br><u>Value</u> | Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(1) |
|---|------------------------|---|-----------------------------------|---|---------------------|--|
| 306 Decatur Rd Jacksonville, NC 28540 Onslow County Residence FMV: \$94,257.00 (TV \$104,730.00 - 10% liquidation cost) Purchased: Inherited 2015 Price: \$Inherited TV: \$104,730.00 Ownership: D1 with boyfriend James Mitchell Monthly Contractual Pay | 94,257.00              |   | Selene Finance                    | 115,627.00                              | 0.00<br>50% owned   | 30,000.00  |

| Debtor's Age:            |  |
|--------------------------|--|
| Name of former co-owner: |  |

#### VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 30,000.00

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

| Model, Year<br>Style of Auto | Market<br><u>Value</u> | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | <u>Lien Holder</u> | Amount of<br><u>Lien</u> | Net<br><u>Value</u> | Value Claimed as Exempt<br>Pursuant to NCGS 1C-1601(a)(3) |
|------------------------------|------------------------|---|--------------------|--------------------------|---------------------|---|
| -NONE-                       |                        |   |                    |                          |                     |   |

#### VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 0.00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is **0**.

| Description of Property  |        | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | Lien<br><u>Holder</u> | Amount<br>of Lien | Net<br><u>Value</u> | Claimed as Exempt<br>Pursuant to NCGS<br>1C-1601(a)(4) |
|--------------------------|--------|---|-----------------------|-------------------|---------------------|--|
| 2 Computers & 2 printers | 400.00 |   |                       |                   | 400.00              | 400.00   |

| Description of Property           | Market<br><u>Value</u> | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | Lien<br><u>Holder</u> | Amount<br>of Lien | Net<br><u>Value</u> | Claimed as Exempt<br>Pursuant to NCGS<br>1C-1601(a)(4) |
|-----------------------------------|------------------------|---|-----------------------|-------------------|---------------------|--|
| Any and all                       |                        |   |                       |                   |                     |  |
| miscellaneous                     |                        |   |                       |                   |                     |  |
| household goods                   |                        |   |                       |                   |                     |  |
| and personal items listed herein. | 2,890.80               |   |                       |                   | 2,890.80            | 2,890.80   |
| Bedroom furniture                 | 250.00                 |   |                       |                   | 250.00              | 250.00   |
| Cell phone                        | 100.00                 |   |                       |                   | 100.00              | 100.00   |
| Clothing & personal               |                        |   |                       |                   |                     | 10000  |
| items                             | 200.00                 |   |                       |                   | 200.00              | 200.00   |
| Dining room                       |                        |   |                       |                   | _                   | _  |
| furniture                         | 125.00                 |   |                       |                   | 125.00              | 125.00   |
| Dishes                            | 50.00                  |   |                       |                   | 50.00               | 50.00  |
| Living room                       |                        |   |                       |                   |                     |  |
| furniture                         | 200.00                 |   |                       |                   | 200.00              | 200.00   |
| Microwave                         | 25.00                  |   |                       |                   | 25.00               | 25.00  |
| Refrigerator & Stove              |                        |   |                       |                   |                     |  |
| Subject to lien in                |                        |   |                       |                   | 500.00              |  |
| Boyfriend's name                  | 1,000.00               |   |                       |                   | 50% owned           | 239.20   |
| only                              | ,                      |   |                       |                   |                     |  |
| Silverware                        | 20.00                  |   |                       |                   | 20.00               | 20.00  |
| Small kitchen                     | 50.00                  |   |                       |                   | 50.00               | 50.00  |
| appliances                        |                        |   |                       |                   |                     |  |
| Televisions                       | 150.00                 |   |                       |                   | 150.00              | 150.00   |
| Washer & Dryer                    | 300.00                 |   |                       |                   | 300.00              | 300.00   |

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4): \$ 5,000.00

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

| Description | Market<br><u>Value</u> | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | Lien<br><u>Holder</u> | Amount of<br><u>Lien</u> | Net<br><u>Value</u> | Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(5) |
|-------------|------------------------|---|-----------------------|--------------------------|---------------------|--|
| -NONE-      |                        |   |                       |                          |                     |  |

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): \$ 0.00

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5).

| Description\Insured\Last Four Digits of Policy Number\Beneficiary(if child, initials only) | Cash<br>Value |
|--|---------------|
| -NONE-   |               |

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

| Description       |  |
|-------------------|--|
| Mobile Wheelchair |  |

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description AND Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity

The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition.

8. NCGS 1C-1601(a)(2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

| Description of Property and Address  | Market<br><u>Value</u> | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | Lien<br><u>Holder</u> | Amount<br>of Lien | Net<br><u>Value</u> | Value Claimed as Exempt<br>Pursuant to NCGS 1C-1601(a)(2) |
|--|------------------------|---|-----------------------|-------------------|---------------------|---|
| The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition. | 5,000.00               |   |                       |                   | 5,000.00            | 5,000.00  |

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2): \$ 5,000.00

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account\Location of Account\Last Four Digits of Account Number

-NONE-

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan\Last Four Digits of Account Number\Value\Initials of Child Beneficiary

-NONE-

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan\State Governmental Unit\Last Four Digits of Identifying Number

-NONE-

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

Type of Support\Amount\Location of Funds

-NONE-

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

| Description of       | Market       | Lien          | Amount  | Net          |
|----------------------|--------------|---------------|---------|--------------|
| Property and Address | <u>Value</u> | <u>Holder</u> | of Lien | <u>Value</u> |
| -NONE-               |              |               |         |              |

**VALUE CLAIMED AS EXEMPT: \$** 

0.00

#### 14. NORTH CAROLINA PENSION FUND EXEMPTIONS

|         | 1 |
|---------|---|
| -NONE-  |   |
| I-NUNE- |   |
|         |   |

#### 15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

| a. | Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362 | 0.23              |
|----|---|-------------------|
| b. | Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362 | 1.45              |
| c. | Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362 | 0.53              |
| d. | Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362 | 0.63<br>50% owned |
| e. | Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362 | 5.00              |

#### 16. FEDERAL PENSION FUND EXEMPTIONS

| -NONE- |  |
|--------|--|

#### 17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

| -NONE- |  |
|--------|--|

#### 18. RECENT PURCHASES

(a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

| B           | Market       | Lien          | Amount  | Net          |
|-------------|--------------|---------------|---------|--------------|
| Description | <u>Value</u> | <u>Holder</u> | of Lien | <u>Value</u> |
| -NONE-      |              |               |         |              |

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

| Description of Replacement Property | Description of Property Liquidated or Converted that May Be Exempt |
|-------------------------------------|--|
|                                     |  |

- 19. The debtor's property is subject to the following claims:
- a. Of the United States or its agencies as provided by federal law.
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected.
- d. Of a lien by a mechanic for work done on the premises, but only as to the specific property affected.
- For payment of obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
- g. For statutory liens, on the specific property affected, other than judicial liens.
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina.
- For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38.
- j. Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations).
- k. Debts of a kind specified in 11 U.S.C. § 522(c).

|          | Nature of    | Amount of    | Description of | Value       | Net          |
|----------|--------------|--------------|----------------|-------------|--------------|
| Claimant | <u>Claim</u> | <u>Claim</u> | Property       | of Property | <u>Value</u> |
| -NONE-   |              |              |                |             |              |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 40 of 76 Filed 05/22/19 8:46AM

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 41 of 76

5/22/19 8:46AM

# UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

| ı, <u>Edith E Greathouse</u> ,                | , declare under penalty of perjury that I have read the foregoing Schedule C-1 - Property Claimed as Exempt, |
|---|--|
| consisting of 6 sheets, and that they are tru | e and correct to the best of my knowledge, information and belief.   |
|   |  |
|   |  |
|   |  |
| Executed on: May 10, 2019                     | /s/ Edith E Greathouse   |
|   | Edith E Greathouse   |
|   | Debtor   |

| 5/22/19 | 8:46AM |
|---------|--------|

| Fill in this information  | on to identify your                               | case:   |                             |  |  | 5/22/19 8:46A     |
|---|---|---|-----------------------------|--|--|-------------------|
|   | dith E Greatho                                    |   |                             |  |  |                   |
|   | irst Name   | Middle Name   | Last Name                   |  | -  |                   |
| Debtor 2  | irat Nama   | Middle Nome   | Lost Nome                   |  |  |                   |
| (Spouse if, filing) F   | irst Name   | Middle Name   | Last Name                   |  |  |                   |
| United States Bankru  | ptcy Court for the:                               | EASTERN DISTRICT OF NOR   | RTH CAROLINA                | 4  | -  |                   |
| Case number   |   |   |                             |  |  | if this is an     |
| Official Form 1   | 06D   |   |                             |  |  |                   |
|   |   | Who Have Claims   | Secured                     | l by Propert   | V  | 12/15             |
| Be as complete and acc<br>is needed, copy the Add<br>number (if known). | urate as possible. If<br>litional Page, fill it o | two married people are filing togetl<br>ut, number the entries, and attach it   | her, both are equ           | ually responsible for su                               | upplying correct informa                           |                   |
| I. Do any creditors have  | -   |   | a a ale a di Consti         |  |  |                   |
| _   |   | is form to the court with your other  | r schedules. Yo             | ou nave nothing else t                                 | o report on this form.                             |                   |
| ■ Yes. Fill in all o  | of the information b                              | elow.   |                             |  |  |                   |
| Part 1: List All Se   | cured Claims                                      |   |                             | Column A   | Column B   | Column C          |
| for each claim. If more the   | han one creditor has                              | ore than one secured claim, list the creat particular claim, list the other creditor all order according to the creditor's nan  | rs in Part 2. As            | Amount of claim Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion |
| 2.1 Selene Finance  | ce  | Describe the property that secures  |                             | \$115,627.00   | \$94,257.00  | \$21,370.00       |
| Attn: Managir<br>Po Box 42203<br>Houston, TX                            | 9   | 306 Decatur Rd Jacksonvill 28540 Onslow County Residence FMV: \$94,257.00 (TV \$104, 10% liquidation cost) Purchased: Inherited 2015 Price: \$Inherited TV: \$104,730.00 Ownership: D1 with boyfrie James Mitchell Monthly As of the date you file, the claim is: apply. □ Contingent | 730.00 -                    |  |  |                   |
| Number, Street, City,   | State & Zip Code                                  | Unliquidated  |                             |  |  |                   |
| Who owes the debt?  | Check one.  | Disputed  Nature of lien. Check all that apply.   |                             |  |  |                   |
| ☐ Debtor 1 only   |   | ■ An agreement you made (such as  | mortgage or secu            | ured   |  |                   |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor                                   | 2 only  | car loan)  Statutory lien (such as tax lien, me   | ohanio's lian\              |  |  |                   |
| At least one of the de  | · ·   | ☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit  | onanics lien)               |  |  |                   |
| Check if this claim in community debt                                   |   | Other (including a right to offset)   | Principal (5<br>6958.71/pro |  | dm arrears/prepet a                                | arrears           |
| Date debt was incurred  | l   | Last 4 digits of account num  | nber                        |  |  |                   |
|   | of your form, add t                               | olumn A on this page. Write that nun<br>he dollar value totals from all pages   |                             | \$115,62<br>\$115,62                                   |  |                   |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 43 of 76

| Debtor 1       | Edith E Greathou  | se          |           | Case number (if known)   |
|----------------|---|-------------|-----------|--|
|                | First Name  | Middle Name | Last Name |  |
| Hu<br>At<br>43 | me, Number, Street, City,<br>utchens Law Firm<br>ttention: Managing<br>17 Ramsey Street<br>ayetteville, NC 2831 | Agent .     |           | On which line in Part 1 did you enter the creditor?  Last 4 digits of account number |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 44 of 76

| 0.00 =0                                     |  |   |  |                            |              |   |                          | 9                           | 5/22/                     | /19 8:46AM |
|---|--|---|--|----------------------------|--------------|---|--------------------------|-----------------------------|---------------------------|------------|
| Fill in this informa                        | ation to identify your c   | ase:                                      |  |                            |              |   |                          |                             |                           |            |
| Debtor 1                                    | Edith E Greathous  | Se Se                                     |  |                            |              |   |                          |                             |                           |            |
|   | First Name   | Middle Nan                                | ne   | Last Name                  | !            |   |                          |                             |                           |            |
| Debtor 2                                    |  |   |  |                            |              |   |                          |                             |                           |            |
| (Spouse if, filing)                         | First Name   | Middle Nan                                | ne   | Last Name                  |              |   |                          |                             |                           |            |
| United States Bank                          | kruptcy Court for the:   | EASTERN DI                                | STRICT OF NORT                                   | H CARC                     | LINA         |   |                          |                             |                           |            |
| Case number                                 |  |   |  |                            |              |   |                          |                             |                           |            |
| (if known)                                  |  |   |  |                            |              |   |                          | _                           | if this is an             | i          |
|   |  |   |  |                            |              |   |                          | amend                       | ed filing                 |            |
| Official Form                               | 106E/F   |   |  |                            |              |   |                          |                             |                           |            |
|   | F: Creditors W   | ho Have l                                 | Jnsecured C                                      | Claims                     | 3            |   |                          |                             | 12/15                     | j .        |
| Schedule G: Executo<br>Schedule D: Creditor | acts or unexpired leases tory Contracts and Unexpires Who Have Claims Secunation Page to this page ber (if known).           | red Leases (Offi<br>red by Property       | cial Form 106G). Do<br>. If more space is ne     | not inclu<br>eded, co      | de any cre   | ditors with partially s<br>you need, fill it out, | secured cla<br>number th | aims that a<br>e entries ir | re listed in<br>the boxes | on the     |
| Part 1: List All                            | of Your PRIORITY Uns   | secured Claim                             | s  |                            |              |   |                          |                             |                           |            |
| 1. Do any creditors                         | s have priority unsecured  | l claims against                          | you?   |                            |              |   |                          |                             |                           |            |
| ☐ No. Go to Par                             | rt 2.  |   |  |                            |              |   |                          |                             |                           |            |
| Yes.  |  |   |  |                            |              |   |                          |                             |                           |            |
| identify what type possible, list the       | oriority unsecured claims<br>e of claim it is. If a claim has<br>claims in alphabetical order<br>an one creditor holds a par | s both priority and<br>r according to the | d nonpriority amounts,<br>creditor's name. If yo | , list that c<br>ou have m | laim here a  | nd show both priority a                           | and nonpric              | rity amount                 | s. As much                | as         |
| (For an explanati                           | ion of each type of claim, se  | ee the instruction                        | s for this form in the ir                        | nstruction                 | booklet.)    |   |                          |                             |                           |            |
|   |  |   |  |                            |              | Total claim                                       | Priority amount          |                             | Nonpriorit<br>amount      | y          |
| 2.1 Barberto                                | n Municipal Court  | Las                                       | t 4 digits of account                            | number                     | 0813         | \$54.00   |                          | \$54.00                     |                           | \$0.00     |
| Priority Cred                               | ditor's Name<br>naging Agent   | Who                                       | en was the debt incu                             | ırred?                     |              |   |                          |                             |                           |            |
|   | t Park Ave 205   |   |  |                            |              |   | -                        |                             |                           |            |
|   | n, OH 44203  |   | -f.thlet   | ul-:                       | O            | Hall of the L                                     |                          |                             |                           |            |
|   | eet City State Zip Code the debt? Check one.   | _   | of the date you file, t                          | ne ciaim                   | is: Check a  | iii that appiy                                    |                          |                             |                           |            |
|   |  |   | Contingent                                       |                            |              |   |                          |                             |                           |            |
| Debtor 1 on                                 |  |   | Unliquidated                                     |                            |              |   |                          |                             |                           |            |
| Debtor 2 on                                 | •  |   | Disputed   |                            | •            |   |                          |                             |                           |            |
|   | d Debtor 2 only  |   | e of PRIORITY unse                               |                            | ım:          |   |                          |                             |                           |            |
| ☐ At least one                              | of the debtors and another   |   | Domestic support obli                            | J                          |              |   |                          |                             |                           |            |
|   | is claim is for a communi  | •   | Taxes and certain oth                            |                            |              | •   |                          |                             |                           |            |
|   | bject to offset?   |   | Claims for death or pe                           | ersonal inju               | ury while yo | u were intoxicated                                |                          |                             |                           |            |
| ■ No  |  |   | Other. Specify                                   | ninel fi                   |              | unal of de are                                    |                          |                             |                           |            |
| ☐ Yes                                       |  |   | Crir   | nınaı til                  | ie - cont    | rol of dogs                                       |                          |                             |                           |            |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 45 of 70

| or 1 Edith E Greathouse  | Case num   | nber (if known)  |            |        |
|--|--|------------------|------------|--------|
| Barberton Municipal Court  | Last 4 digits of account number 0928                 | \$154.00         | \$154.00   | \$0.00 |
| Priority Creditor's Name Attn: Managing Agent                        | When was the debt incurred?                          |                  |            |        |
| 576 West Park Ave 205  | when was the debt incurred:                          |                  |            |        |
| Barberton, OH 44203  |  |                  |            |        |
| Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all the | nat apply        |            |        |
| Who incurred the debt? Check one.                                    | ☐ Contingent   |                  |            |        |
| ■ Debtor 1 only  | ☐ Unliquidated                                       |                  |            |        |
| Debtor 2 only  | ☐ Disputed   |                  |            |        |
| ☐ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured claim:                    |                  |            |        |
| ☐ At least one of the debtors and another                            | ☐ Domestic support obligations                       |                  |            |        |
| ☐ Check if this claim is for a community debt                        | ■ Taxes and certain other debts you owe the go       | vernment         |            |        |
| Is the claim subject to offset?                                      | ☐ Claims for death or personal injury while you w    | vere intoxicated |            |        |
| ■ No   | ☐ Other. Specify                                     |                  |            |        |
| Yes  | Criminal fine - contro                               | l of dogs        |            |        |
| Gillespie & Murphy, PA   | Last 4 digits of account number                      | \$4,843.00       | \$4,843.00 | \$0.00 |
| Priority Creditor's Name  Attention: Managing Agent                  | When was the debt incurred?                          |                  |            |        |
| PO Drawer 888  |  |                  |            |        |
| New Bern, NC 28563   | A section later as the discrete to the first         |                  |            |        |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all the | nat apply        |            |        |
| _  | Contingent   |                  |            |        |
| Debtor 1 only  | ☐ Unliquidated                                       |                  |            |        |
| ☐ Debtor 2 only  | ☐ Disputed   |                  |            |        |
| Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured claim:                    |                  |            |        |
| ☐ At least one of the debtors and another                            | ☐ Domestic support obligations                       |                  |            |        |
| ☐ Check if this claim is for a community debt                        | ■ Taxes and certain other debts you owe the go       | vernment         |            |        |
| Is the claim subject to offset?                                      | ☐ Claims for death or personal injury while you w    | vere intoxicated |            |        |
| No   | ☐ Other. Specify                                     |                  |            |        |
| □Yes   | Attorney fees  |                  |            |        |

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

 $\square$  No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 46 of 76

| Debtor | 1 Edith E Greathouse   | Case number (if known)  |          |  |  |  |
|--------|--|---|----------|--|--|--|
| 4.1    | Advanced MD  | Last 4 digits of account number 6363  | \$70.43  |  |  |  |
|        | Nonpriority Creditor's Name Attn: Managing Agent 10876 S River Front Pkwy Ste 400 South Jordan, UT 84095 | When was the debt incurred?   |          |  |  |  |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |          |  |  |  |
|        | Who incurred the debt? Check one.  |   |          |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |          |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |  |  |  |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |          |  |  |  |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |  |  |
|        | ■ No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |          |  |  |  |
|        | Yes  | Other. Specify  |          |  |  |  |
| 4.2    | AMCA   | Last 4 digits of account number 7440  | \$465.00 |  |  |  |
|        | Nonpriority Creditor's Name Attn: Managing Agent P O Box 1235  | When was the debt incurred?   |          |  |  |  |
|        | Elmsford, NY 10523   |   |          |  |  |  |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |          |  |  |  |
|        | Who incurred the debt? Check one.  |   |          |  |  |  |
|        | Debtor 1 only  | ☐ Contingent  |          |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |  |  |  |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |          |  |  |  |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |  |  |
|        | No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |          |  |  |  |
|        | ■ No □ Yes   |   |          |  |  |  |
|        | <b>—</b> 163   | Other. Specify  |          |  |  |  |
| 4.3    | Applied Business Services  | Last 4 digits of account number 2826  | \$101.87 |  |  |  |
|        | Nonpriority Creditor's Name Attention: Managing Agent 617 Soundside Road                                 | When was the debt incurred?   |          |  |  |  |
|        | Edenton, NC 27932  |   |          |  |  |  |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |          |  |  |  |
|        | Who incurred the debt? Check one.  |   |          |  |  |  |
|        | Debtor 1 only  | ☐ Contingent  |          |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |  |  |  |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |          |  |  |  |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |  |  |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |  |  |  |
|        | Yes  |   |          |  |  |  |
|        | LI 162   | Other. Specify  |          |  |  |  |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 47 of 76

| Debto | r 1 Edith E Greathouse  | Case number (if known)   |          |  |  |  |
|-------|---|--|----------|--|--|--|
| 4.4   | Atlantic Medical Group  Nonpriority Creditor's Name                 | Last 4 digits of account number 6300   | \$184.69 |  |  |  |
|       | Attn: Managing Agent<br>4 Josh Ct                                   | When was the debt incurred?  |          |  |  |  |
|       | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |          |  |  |  |
|       | Debtor 1 only   | ☐ Contingent   |          |  |  |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |          |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |          |  |  |  |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:   |          |  |  |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans  |          |  |  |  |
|       | debt Is the claim subject to offset?                                | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |  |  |
|       | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |          |  |  |  |
|       | Yes   | Other. Specify   |          |  |  |  |
| 4.5   | Buglisi Eye Care Nonpriority Creditor's Name                        | Last 4 digits of account number 6366   | \$119.01 |  |  |  |
|       | Attn: managing Agent<br>1021 Hargett St<br>Jacksonville, NC 28540   | When was the debt incurred?  |          |  |  |  |
|       | Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply  |          |  |  |  |
|       | Who incurred the debt? Check one.                                   |  |          |  |  |  |
|       | Debtor 1 only   | ☐ Contingent   |          |  |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |          |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |          |  |  |  |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:   |          |  |  |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans  |          |  |  |  |
|       | debt Is the claim subject to offset?                                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                  |          |  |  |  |
|       | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |          |  |  |  |
|       | Yes   | Other. Specify   |          |  |  |  |
| 4.6   | Capital One   | Last 4 digits of account number  | Unknown  |  |  |  |
|       | Nonpriority Creditor's Name Attention: Managing Agent PO Box 30285  | When was the debt incurred?  |          |  |  |  |
|       | Salt Lake City, UT 84130  |  |          |  |  |  |
|       | Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply  |          |  |  |  |
|       | Who incurred the debt? Check one.                                   |  |          |  |  |  |
|       | Debtor 1 only   | ☐ Contingent   |          |  |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |          |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |          |  |  |  |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:   |          |  |  |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans  |          |  |  |  |
|       | debt<br>Is the claim subject to offset?                             | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                  |          |  |  |  |
|       | No  | lacksquare Debts to pension or profit-sharing plans, and other similar debts   |          |  |  |  |
|       | ☐ Yes   | Other. Specify   |          |  |  |  |
|       |   |  |          |  |  |  |

| Debto | Edith E Greathouse  |  | Case number (if known)                        |          |
|-------|---|--|---|----------|
| 4.7   | Carolinaeast Physicians   | Last 4 digits of account number                            | 9860  | \$52.70  |
|       | Nonpriority Creditor's Name Attn: Managing Agent P O box 68                                   | When was the debt incurred?                                |   |          |
|       | Pollocksville, NC 28573  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |          |
|       | Debtor 1 only   | ☐ Contingent   |   |          |
|       | Debtor 2 only   | ☐ Unliquidated   |   |          |
|       | Debtor 1 and Debtor 2 only  | Disputed   |   |          |
|       | At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |
|       | debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|       | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |
|       | Yes   | Other. Specify   |   |          |
| 4.8   | Catherines/Comenity Nonpriority Creditor's Name   | Last 4 digits of account number                            | 9277  | \$187.00 |
|       | Attn: Managing Agent<br>Po Box 182125   | When was the debt incurred?                                | Opened 11/16 Last Active 4/03/19              |          |
|       | Columbus, OH 43218  Number Street City State Zip Code   | As of the date you file, the claim                         |   |          |
|       | Who incurred the debt? Check one.   | As of the date you me, the dam                             |   |          |
|       | ■ Debtor 1 only   | ☐ Contingent   |   |          |
|       | Debtor 2 only   | ☐ Unliquidated   |   |          |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|       | $\square$ Check if this claim is for a community  | ☐ Student loans  |   |          |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|       | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |
|       | Yes   | Other. Specify Charge Ac                                   |   |          |
| 4.9   | Central Credit Services   | Last 4 digits of account number                            | 7440  | \$465.00 |
|       | Nonpriority Creditor's Name Attn: Managing Agent 9550 Regency Square Blvd Ste 500             | When was the debt incurred?                                |   |          |
|       | Jacksonville, FL 32225  Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim                         | is: Check all that apply                      |          |
|       | Debtor 1 only   | ☐ Contingent   |   |          |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               |   |          |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |
|       | debt  |  | aration agreement or divorce that you did not |          |
|       | Is the claim subject to offset?   | report as priority claims                                  | og plane, and other similar dakta             |          |
|       | ■ No  | Debts to pension or profit-sharin                          |   |          |
|       | ☐ Yes   | Other. Specify   |   |          |

| Debt     | or 1 Edith E Greathouse  |   | Case number (if known)                       |          |  |  |
|----------|--|---|--|----------|--|--|
| 4.1<br>0 | Community Health Care  | Last 4 digits of account number   | 8189   | \$24.31  |  |  |
|          | Nonpriority Creditor's Name Attn: Managing Agent 944 E Cherry St                             | When was the debt incurred?   |  |          |  |  |
|          | Canal Fulton, OH 44614  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i  | s: Check all that apply                      |          |  |  |
|          | Debtor 1 only  | ☐ Contingent  |  |          |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |          |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |          |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                     |          |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |  |          |  |  |
|          | debt   |   | ration agreement or divorce that you did not |          |  |  |
|          | Is the claim subject to offset?  | report as priority claims   |  |          |  |  |
|          | No   | Debts to pension or profit-sharin   |  |          |  |  |
|          | Yes  | Other. Specify  |  |          |  |  |
| 4.1<br>1 | Credit One Bank  | Last 4 digits of account number   | 9470   | \$724.08 |  |  |
|          | Nonpriority Creditor's Name Attn: Managing Agent P O box 98873                               | When was the debt incurred?   | When was the debt incurred?                  |          |  |  |
|          | Las Vegas, NV 89193  Number Street City State Zip Code                                       |   | er Charle all that and he                    |          |  |  |
|          | Who incurred the debt? Check one.  | As of the date you file, the claim i  | s: Cneck all that apply                      |          |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |          |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |          |  |  |
|          | Debtor 1 and Debtor 2 only   | _ '   |  |          |  |  |
|          | ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecured   | d claim:                                     |          |  |  |
|          |  | ☐ Student loans   |  |          |  |  |
|          | ☐ Check if this claim is for a community debt  | ☐ Obligations arising out of a sepa   |  |          |  |  |
|          | Is the claim subject to offset?  | report as priority claims   |  |          |  |  |
|          | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts             |          |  |  |
|          | ☐ Yes  | Other. Specify  |  |          |  |  |
| 4.1<br>2 | Dr Leonard's/Carol Wright Gifts  | Last 4 digits of account number   | 1A4A   | \$101.00 |  |  |
|          | Nonpriority Creditor's Name Attn: Managing Agent P O Box 7823                                | When was the debt incurred?   | Opened 4/25/13 Last Active 12/01/13          |          |  |  |
|          | Edison, NJ 08818   |   | or Object, all that are the                  |          |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                         | As of the date you file, the claim i  | s: Check all that apply                      |          |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |          |  |  |
|          | _  | · ·   |  |          |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |          |  |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured   | d claim:                                     |          |  |  |
|          | At least one of the debtors and another  | Student loans   |  |          |  |  |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?                | □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts |  |          |  |  |
|          | ■ No   |   |  |          |  |  |
|          | Yes  | ■ Other. Specify Charge Account   |  |          |  |  |
|          |  |   |  |          |  |  |

| Edith E Greathouse   |  | Case number (if known  | n)   |  |  |  |  |
|--|--|--|--|--|--|--|--|
| First Premier Bank   | Last 4 digits of account number  | 5282   |  | \$924.00                               |  |  |  |
| Attn: Managing Agent<br>Po Box 5524                                  | When was the debt incurred?  | Opened 04/17 L<br>8/03/17  | ast Active   |  |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim   | As of the date you file, the claim is: Check all that apply  |  |  |  |  |  |
| ■ Debtor 1 only  | ☐ Contingent   |  |  |  |  |  |  |
| ☐ Debtor 2 only  | ☐ Unliquidated   |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured  | d claim:   |  |  |  |  |  |
| ☐ Check if this claim is for a community debt                        |  | ration agreement or dive   | orce that you did not  |  |  |  |  |
|  | <u></u>  |  |  |  |  |  |  |
|  | ·  | •  | ar debts   |  |  |  |  |
| Yes  | Other. Specify Credit Card   | 1  |  |  |  |  |  |
| Firstpoint Collection Resources                                      | Last 4 digits of account number  |  | \$99.42  |  |  |  |  |
| Attn: Managing Agent PO Box 26140                                    | When was the debt incurred?  |  |  |  |  |  |  |
| Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim   |  |  |  |  |  |  |
| ■ Debtor 1 only  | ☐ Contingent   |  |  |  |  |  |  |
| ☐ Debtor 2 only  | ☐ Unliquidated   |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   | ☐ Disputed   |  |  |  |  |  |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured  |  |  |  |  |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |  |  |  |  |  |  |
| debt<br>Is the claim subject to offset?                              | report as priority claims  |  |  |  |  |  |  |
| No   | · ·  | •  |  |  |  |  |  |
| Yes  | Other. Specify Collecting  | rial   |  |  |  |  |  |
| GM Conekin OD PA   | Last 4 digits of account number  |  |  | \$46.00                                |  |  |  |
| Attn: Managing Agent<br>200 Doctors Dr Ste K                         | When was the debt incurred?  |  |  |  |  |  |  |
|  | As of the date you file, the claim i   | s: Check all that apply  |  |  |  |  |  |
| Who incurred the debt? Check one.                                    | •  |  |  |  |  |  |  |
| ■ Debtor 1 only  | ☐ Contingent   |  |  |  |  |  |  |
| Debtor 2 only  | =  |  |  |  |  |  |  |
| <u> </u>   |  |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                            | •  |  |  |  |  |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |  |  |  |  |  |  |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims   | ration agreement or dive   | orce that you did not  |  |  |  |  |
| ■ No   | Debts to pension or profit-sharing   | g plans, and other simila  | ar debts   |  |  |  |  |
| ☐ Yes  | Other. Specify   |  |  |  |  |  |  |
|  | Nonpriority Creditor's Name Attn: Managing Agent Po Box 5524 Sioux Falls, SD 57117  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Firstpoint Collection Resources Nonpriority Creditor's Name Attn: Managing Agent PO Box 26140 Greensboro, NC 27402 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  GM Conekin OD PA  Nonpriority Creditor's Name Attn: Managing Agent 200 Doctors Dr Ste K Jacksonville, NC 28546 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | First Premier Bank Nonpriority Creditor's Name Attn: Managing Agent Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only State City State Zip Code Who incurred the debt one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Street City State Zip Code Who incurred the debt one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Nonpriority Creditor's Name Attn: Managing Agent PO Box 26140 Greensboro, NC 27402 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only State It this claim is for a community debt Is the claim subject to offset? Nonpriority Creditor's Name Attn: Managing Agent No GM Conekin OD PA Nonpriority Creditor's Name Attn: Managing Agent 200 Doctors Dr Ste K Jacksonville, NC 28546 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only | Size   Premier Bank   Nonpriority Creditors Name   Attn: Managing Agent PO Box \$524 | Last 4 digits of account number   S282 |  |  |  |

| Debtor | Edith E Greathouse                                     | Case number (if known)   |            |  |  |  |  |
|--------|--|--|------------|--|--|--|--|
| 4.1    |  | 4070   | <b>***</b> |  |  |  |  |
| 6      | Onslow Anesthesia Nonpriority Creditor's Name          | Last 4 digits of account number 4276   | \$65.41    |  |  |  |  |
|        | Attn: Managing Agent P O Box 100801                    | When was the debt incurred?  |            |  |  |  |  |
|        | Atlanta, GA 30384-0801                                 |  |            |  |  |  |  |
| -      | Number Street City State Zip Code                      | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |
|        | Who incurred the debt? Check one.                      |  |            |  |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |            |  |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |            |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                           | ☐ Disputed   |            |  |  |  |  |
|        | ☐ At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:   |            |  |  |  |  |
|        | ☐ Check if this claim is for a community               | ☐ Student loans  |            |  |  |  |  |
|        | debt Is the claim subject to offset?                   | DObligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |  |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |            |  |  |  |  |
|        | Yes  | Other. Specify   |            |  |  |  |  |
| 4.1    | Rosebud Lending LZO                                    | Look 4 divite of cooperat number   | Unknown    |  |  |  |  |
| 7      | Nonpriority Creditor's Name                            | Last 4 digits of account number  | Onknown    |  |  |  |  |
|        | Attn: Managing Agent<br>PO Box 1147                    | When was the debt incurred?  |            |  |  |  |  |
|        | Mission, SD 57555  Number Street City State Zip Code   | As of the date you file the claim in Obselve II that seek  |            |  |  |  |  |
|        | Who incurred the debt? Check one.                      | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |
|        | ■ Debtor 1 only  | Поле   |            |  |  |  |  |
|        | _  | Contingent   |            |  |  |  |  |
|        | Debtor 2 only  | Unliquidated   |            |  |  |  |  |
|        | Debtor 1 and Debtor 2 only                             | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |            |  |  |  |  |
|        | At least one of the debtors and another                | Student loans  |            |  |  |  |  |
|        | ☐ Check if this claim is for a community debt          | ☐ Obligations arising out of a separation agreement or divorce that you did not                          |            |  |  |  |  |
|        | Is the claim subject to offset?                        | report as priority claims  |            |  |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |  |  |
|        | Yes  | Other. Specify Zoca Payday Loan  |            |  |  |  |  |
| 4.1    | Spectrum   | Last 4 digits of account number 4001   | \$303.96   |  |  |  |  |
| 8      | Nonpriority Creditor's Name                            | Last 4 digits of account number  | 4000.00    |  |  |  |  |
|        | Attn: Managing Agent<br>3140 W Arrowood Rd             | When was the debt incurred?  |            |  |  |  |  |
|        | Charlotte, NC 28273  Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |
|        | Who incurred the debt? Check one.                      | As of the date you me, the claim is. Offect all that apply   |            |  |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |            |  |  |  |  |
|        | _  | -  |            |  |  |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |            |  |  |  |  |
|        | Debtor 1 and Debtor 2 only                             | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |            |  |  |  |  |
|        | At least one of the debtors and another                | Student loans  |            |  |  |  |  |
|        | ☐ Check if this claim is for a community debt          | ☐ Obligations arising out of a separation agreement or divorce that you did not                          |            |  |  |  |  |
|        | Is the claim subject to offset?                        | report as priority claims  |            |  |  |  |  |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |            |  |  |  |  |
|        | ☐Yes   | Other. Specify   |            |  |  |  |  |
|        |  |  |            |  |  |  |  |

| 5/22/19 8: | 46AM |
|------------|------|
|------------|------|

| Debtor 1 E  | Edith E G                 | reathouse                                |   | Case  | number (if known)   |                         |  |  |
|---|---------------------------|--|---|---|---|-------------------------|--|--|
| 4.1<br>9 Sui  | mma Em                    | ergency Associates                       | Last 4 digits of account numbe  | er 332  | 27  | \$34.63                 |  |  |
| Nonpriority Creditor's Name Attn: Managing Agent P O Box 1649                         |                           | When was the debt incurred?              |   |   |   |                         |  |  |
| Akron, OH 44309  Number Street City State Zip Code  Who incurred the debt? Check one. |                           |  | As of the date you file, the claim  | m is: Che   | eck all that apply  |                         |  |  |
|   | Debtor 1 onl              | у  | ☐ Contingent  |   |   |                         |  |  |
|   | Debtor 2 onl              | у  | ☐ Unliquidated  |   |   |                         |  |  |
|   | Debtor 1 and              | d Debtor 2 only                          | ☐ Disputed  |   |   |                         |  |  |
|   | At least one              | of the debtors and another               | Type of NONPRIORITY unsecu  | red clain   | ո։  |                         |  |  |
| _   |                           | s claim is for a community               | ☐ Student loans   |   |   |                         |  |  |
| deb   |                           | o o.a,                                   | ☐ Obligations arising out of a se   | paration  | agreement or divorce that you did not   |                         |  |  |
| Is th   | ne claim su               | bject to offset?                         | report as priority claims   |   | · ·   |                         |  |  |
| <b>I</b>  | No                        |  | Debts to pension or profit-sha  | aring plans   | s, and other similar debts  |                         |  |  |
|   | Yes                       |  | Other. Specify  |   |   |                         |  |  |
| Part 3: L   | ist Others                | s to Be Notified About a Debt            | That You Already Listed   |   |   |                         |  |  |
| is trying to<br>have more   | collect fro<br>than one c | m you for a debt you owe to som          | neone else, list the original creditor<br>you listed in Parts 1 or 2, list the ac | r in Parts  | eady listed in Parts 1 or 2. For examp<br>1 or 2, then list the collection agency<br>creditors here. If you do not have add | here. Similarly, if you |  |  |
| Name and Ad   |                           |  | on which entry in Part 1 or Part 2 did y  | _   | 9   |                         |  |  |
| Onslow M Attn: Man  |                           | •  | ine <u><b>4.14</b></u> of ( <i>Check one</i> ):                                   |   |   |                         |  |  |
| PO Box 7  |                           | jeni                                     |   | Part 2: Creditors with Nonpriority Unsecured Claims |   |                         |  |  |
| Charlotte,  |                           | 75-0107                                  |   |   |   |                         |  |  |
|   |                           |  | ast 4 digits of account number  |   |   |                         |  |  |
| Name and Ad   |                           |  | n which entry in Part 1 or Part 2 did y   |   |   |                         |  |  |
| Zoca Payl<br>Attn: Man  | -                         |  | ine 4.17 of (Check one):  |   | 1: Creditors with Priority Unsecured Clai   |                         |  |  |
| 27565 Res   |                           |  |   | Part 2  | 2: Creditors with Nonpriority Unsecured   | Claims                  |  |  |
| Mission, S  |                           |  |   |   |   |                         |  |  |
|   |                           |  | ast 4 digits of account number  |   |   |                         |  |  |
| Part 4:   | Add the Ar                | mounts for Each Type of Uns              | secured Claim   |   |   |                         |  |  |
| 6. Total the a  |                           | certain types of unsecured claim         |   | ıl reportii   | ng purposes only. 28 U.S.C. §159. Ad  | d the amounts for each  |  |  |
|   | 6a.                       | Domestic support obligations             |   | 6a.   | Total Claim   |                         |  |  |
| Total claims  |                           | Domestic Support obligations             |   | ua.   | \$  | -                       |  |  |
| from Part 1   |                           | Taxes and certain other debts            | you owe the government  | 6b.   | \$ 5,051.00   | _                       |  |  |
|   | 6c.                       | •  | jury while you were intoxicated   | 6c.   | \$ 0.00   | _                       |  |  |
|   | 6d.                       | Other. Add all other priority unse       | cured claims. Write that amount here  | . 6d.   | \$  | -                       |  |  |
|   | 6e.                       | Total Priority. Add lines 6a throu       | ıgh 6d.   | 6e.   | \$ 5,051.00   |                         |  |  |
|   |                           |  |   |   |   |                         |  |  |
|   | 6f.                       | Student loans                            |   | 6f.   | Total Claim \$ 0.00   |                         |  |  |
| Total   |                           |  |   |   |   | -                       |  |  |
| claims from Part 2  |                           | Obligations arising out of a so-         | paration agreement or divorce that  |   |   |                         |  |  |
| nom Part Z  | og.                       | you did not report as priority c         | laims   | 6g.   | \$  | _                       |  |  |
|   | 6h.                       |  | ing plans, and other similar debts  | 6h.   | \$ 0.00   | _                       |  |  |
|   | 6i.                       | Other. Add all other nonpriority u here. | nsecured claims. Write that amount  | 6i.   | \$ 3,968.51   |                         |  |  |
|   |                           |  |   |   |   | -                       |  |  |

Total Nonpriority. Add lines 6f through 6i.

3,968.51

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 53 of 76

5/22/19 8:46AM

| ill in this infor           | mation to identify your  | case:              |                   |  |  |  |
|-----------------------------|--------------------------|--------------------|-------------------|--|--|--|
| Debtor 1 Edith E Greathouse |                          |                    |                   |  |  |  |
|                             | First Name               | Middle Name        | Last Name         |  |  |  |
| Debtor 2                    |                          |                    |                   |  |  |  |
| (Spouse if, filing)         | First Name               | Middle Name        | Last Name         |  |  |  |
| United States Ba            | ankruptcy Court for the: | EASTERN DISTRICT C | OF NORTH CAROLINA |  |  |  |
| Case number                 |                          |                    |                   |  |  |  |
| (if known)                  |                          |                    |                   |  |  |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>r, Street, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     |           |              | 2: :  | 710.0             | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.3 |           |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | <del>_</del>                            |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | <del>_</del>                            |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   | <u> </u>                                |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | <del>_</del>                            |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
|     |           |              |   |                   |   |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 54 of 76

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|----------------|---|-------------------------------|-------------------------|--|-------------------------------------|-----------------|
| Fill in thi    | is information to identify your   | case:                         |                         |  |                                     |                 |
| Debtor 1       | Edith E Greathou  |                               |                         |  |                                     |                 |
| Debtor 2       | First Name  | Middle Name                   | Last Name               |  |                                     |                 |
| (Spouse if, f  | iling) First Name   | Middle Name                   | Last Name               |  |                                     |                 |
| United St      | tates Bankruptcy Court for the:   | EASTERN DISTRICT O            | F NORTH CAROLINA        |  |                                     |                 |
| Case nur       | mber  |                               |                         |  | ☐ Check if thi<br>amended fi        |                 |
| Officia        | al Form 106H  |                               |                         |  |                                     |                 |
| Sche           | dule H: Your Code   | ebtors                        |                         |  |                                     | 12/15           |
| your nam       |   | . Answer every question       |                         | . •  |                                     |                 |
|                | ithin the last 8 years, have you<br>ona, California, Idaho, Louisiana,  |                               |                         |  |                                     | include         |
| _              | o. Go to line 3.<br>es. Did your spouse, former spou  | ıse, or legal equivalent livલ | e with you at the time? |  |                                     |                 |
| in lir<br>Forn | olumn 1, list all of your codebtone 2 again as a codebtor only if<br>n 106D), Schedule E/F (Official<br>Column 2. | f that person is a guaran     | tor or cosigner. Make s | ure you have listed t                                      | he creditor on Schedu               | ule D (Official |
|                | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZII  | P Code                        |                         | Column 2: The cr<br>Check all schedul                      | editor to whom you oves that apply: | we the debt     |
| 3.1            | James Mitchell<br>306 Decatur Rd<br>Jacksonville, NC 28540  |                               |                         | ■ Schedule D, □ Schedule E/F □ Schedule G _ Selene Finance | , line                              |                 |

Schedule H: Your Codebtors

| Fill   | in this information to identify your o  | case:  |                        |             |      |             |                |              |                                   |          |
|--------|---|--|------------------------|-------------|------|-------------|----------------|--------------|-----------------------------------|----------|
| Del    | ettor 1 Edith E Gre   | athouse  |                        |             | _    |             |                |              |                                   |          |
|        | btor 2  |  |                        |             | _    |             |                |              |                                   |          |
| Uni    | ited States Bankruptcy Court for the  | e: EASTERN DISTRICT                                    | OF NORTH CAROLI        | NA          | _    |             |                |              |                                   |          |
|        | se number   |  | -                      |             |      | Chec        | k if this is   | :            |                                   |          |
| (If ki | nown)   |  |                        |             |      | l           | n amend        | •            |                                   |          |
|        |   |  |                        |             |      |             |                |              | ng postpetition<br>ollowing date: |          |
| 0      | fficial Form 106I   |  |                        |             |      | Ī           | /M / DD/ `     | YYYY         |                                   |          |
| S      | chedule I: Your Inc   | ome  |                        |             |      |             |                |              |                                   | 12/15    |
| spo    | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  It 1: Describe Employment | ur spouse is not filing wi<br>On the top of any additi | ith you, do not includ | de inforr   | mati | on abou     | t your sp      | ouse. If m   | ore space is                      | needed,  |
| 1.     | Fill in your employment   |  |                        |             |      |             |                |              |                                   |          |
| 1.     | information.  |  | Debtor 1               |             |      |             | Debtor         | 2 or non-f   | iling spouse                      |          |
|        | If you have more than one job, attach a separate page with information about additional   | Employment status                                      | ☐ Employed             | ☐ Employed  |      |             | ☐ Employed     |              |                                   |          |
|        |   | ,  | ■ Not employed         |             |      |             | ☐ Not employed |              |                                   |          |
|        | employers.  | Occupation   | Disabled               |             |      |             |                |              |                                   |          |
|        | Include part-time, seasonal, or self-employed work.   | Employer's name  |                        |             |      |             |                |              |                                   |          |
|        | Occupation may include student or homemaker, if it applies.   | Employer's address                                     |                        |             |      |             |                |              |                                   |          |
|        |   | How long employed the                                  | here?                  |             |      |             | _              |              |                                   |          |
| Pai    | rt 2: Give Details About Mo   | nthly Income   |                        |             |      |             |                |              |                                   |          |
|        | mate monthly income as of the cuse unless you are separated.  | late you file this form. If y                          | you have nothing to re | port for    | any  | line, write | e \$0 in the   | space. In    | clude your no                     | n-filing |
|        | ou or your non-filing spouse have m<br>e space, attach a separate sheet to  |  | ombine the information | n for all e | empl | oyers for   | that perso     | on on the li | ines below. If                    | you need |
|        |   |  |                        |             |      | For De      | btor 1         |              | btor 2 or<br>ing spouse           |          |
| 2.     | List monthly gross wages, sala deductions). If not paid monthly,  |  |                        | 2.          | \$   |             | 0.00           | \$           | N/A                               |          |
| 3.     | Estimate and list monthly over  | time pay.  |                        | 3.          | +\$  |             | 0.00           | +\$          | N/A                               |          |
| 4.     | Calculate gross Income. Add li  | ne 2 + line 3.   |                        | 4.          | \$   |             | 0.00           | \$           | N/A                               |          |

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Debtor 1 Edith E Greathouse Case number (if known) For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 0.00 \$ N/A List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 0.00 N/A 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$ N/A 5c. Voluntary contributions for retirement plans 5c. \$ \$ 0.00 N/A 5d. Required repayments of retirement fund loans 5d. \$ 0.00 N/A Insurance 5e. 5e. 0.00 N/A 5f. **Domestic support obligations** 5f. 0.00 N/A 5q. **Union dues** 5q. \$ 0.00 N/A 5h. Other deductions. Specify: 5h.+ 0.00 N/A 6. 0.00 N/A 7. \$ \$

Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. 0.00 N/A List all other income regularly received: Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 N/A 8h Interest and dividends 8b. 0.00 N/A Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. \$ 8c. 0.00 N/A 8d. **Unemployment compensation** 8d. 0.00 N/A 8e. **Social Security** 8e. 1,100.00 N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: Widows benefits 518.00 N/A

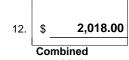
400.00 Boyfriend's contribution N/A 8g. Pension or retirement income 8g. 0.00 N/A Other monthly income. Specify: 8h. 8h.+ \$ 0.00 \$ N/A 9 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 2,018.00 N/A

10. \$ 2.018.00 \$ 2.018.00 10. Calculate monthly income. Add line 7 + line 9. N/A Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies



0.00

monthly income

| 13. | Do v | ou expec | t an | increase | or | decrease | within | the | vear | after | vou fil | e this | form | ? |
|-----|------|----------|------|----------|----|----------|--------|-----|------|-------|---------|--------|------|---|
|     |      |          |      |          |    |          |        |     |      |       |         |        |      |   |

| No. |
|-----|
|-----|

7.

Yes. Explain: 

Per "Mort Ranta v. Gorman, 4th Cir, July 1, 2013" social security income shown above is being committed by the debtor(s) to fund the plan. No expected changes anticipated

| Fill in this information to identify your case:  |                                       |  |                   |                   |   |
|--|---------------------------------------|--|-------------------|-------------------|---|
|  |                                       |  | Chr               | eck if this is:   |   |
| Edith E Greathouse   |                                       |  |                   | An amended filing |   |
| Debtor 2 (Spouse, if filing)   |                                       |  |                   |                   | wing postpetition chapter f the following date: |
|  |                                       |  |                   |                   |   |
| United States Bankruptcy Court for the: EASTERN I  | DISTRICT OF NORTH                     | CAROLINA                                   |                   | MM / DD / YYYY    |   |
| Case number (If known)   |                                       |  |                   |                   |   |
| (ii kilowii)   |                                       |  |                   |                   |   |
| Official Form 106J   |                                       |  |                   |                   |   |
| Schedule J: Your Expense   | 26                                    |  |                   |                   | 12/1  |
| Be as complete and accurate as possible. If to information. If more space is needed, attach a number (if known). Answer every question.                        | wo married people are                 |  |                   |                   | or supplying correct                            |
| Part 1: Describe Your Household  1. Is this a joint case?  |                                       |  |                   |                   |   |
| ■ No. Go to line 2.  ☐ Yes. <b>Does Debtor 2 live in a separate l</b>  | household?                            |  |                   |                   |   |
| . □ No □ Yes. Debtor 2 must file Official Fo   |                                       | for Separate Housel                        | <i>hold</i> of De | btor 2.           |   |
| 2. Do you have dependents? ■ No  |                                       |  |                   |                   |   |
| <b>—</b> 1 C3.   | out this information for ch dependent | Dependent's relation<br>Debtor 1 or Debtor | onship to<br>2    | Dependent's age   | Does dependent live with you?                   |
| Do not state the   |                                       |  |                   |                   | □ No  |
| dependents names.  |                                       |  |                   | _                 | Yes   |
|  |                                       |  |                   |                   | ☐ Yes   |
|  |                                       |  |                   |                   | □ No  |
|  |                                       |  |                   | _                 | Yes   |
|  |                                       |  |                   |                   | ☐ Yes   |
| 3. Do your expenses include expenses of people other than yourself and your dependents?   ■ No □ Yes   | S                                     |  |                   |                   |   |
| Part 2: Estimate Your Ongoing Monthly Ex<br>Estimate your expenses as of your bankruptor<br>expenses as of a date after the bankruptory is<br>applicable date. | y filing date unless yo               |  |                   |                   |   |
| Include expenses paid for with non-cash gove<br>the value of such assistance and have include<br>(Official Form 106I.)   |                                       |  |                   | Your exp          | penses  |
| 4. The rental or home ownership expenses   |                                       | nclude first mortgage                      | 4                 | Φ.                | 0.00  |
| payments and any rent for the ground or lot.   |                                       |  | 4.                | Φ                 | 0.00  |
| If not included in line 4:   |                                       |  |                   |                   |   |
| 4a. Real estate taxes  |                                       |  | 4a.               | ·                 | 0.00  |
| <ul><li>4b. Property, homeowner's, or renter's in</li><li>4c. Home maintenance, repair, and upke</li></ul>   |                                       |  | 4b.<br>4c.        | ·                 | 0.00  |
| 4d. Homeowner's association or condomi   |                                       |  | 4d.               |                   | 0.00  |
| 5. Additional mortgage payments for your r   | residence, such as hor                | ne equity loans                            | 5.                | \$                | 0.00  |

| Debtor 1 Edith E Greathouse   | Case number (if known) |          |
|---|------------------------|----------|
| 5. Utilities:   |                        |          |
| 6a. Electricity, heat, natural gas  | 6a. \$                 | 300.00   |
| 6b. Water, sewer, garbage collection  | 6b. \$                 | 100.00   |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                      | 6c. \$                 | 210.00   |
| 6d. Other. Specify:   | 6d. \$                 | 0.00     |
| Food and housekeeping supplies  | 7. \$                  | 250.00   |
| Childcare and children's education costs  | 8. \$                  | 0.00     |
| Clothing, laundry, and dry cleaning   | 9. \$                  | 0.00     |
| ). Personal care products and services  | 10. \$                 | 0.00     |
| . Medical and dental expenses   | 11. \$                 | 225.00   |
| 2. <b>Transportation.</b> Include gas, maintenance, bus or train fare.                  | Ψ                      | 223.00   |
| Do not include car payments.  | 12. \$                 | 20.00    |
| Entertainment, clubs, recreation, newspapers, magazines, and books                      | 13. \$                 | 0.00     |
| Charitable contributions and religious donations  | 14. \$                 | 0.00     |
| Insurance.  | +                      | 0.00     |
| Do not include insurance deducted from your pay or included in lines 4 or 20.           |                        |          |
| 15a. Life insurance   | 15a. \$                | 100.00   |
| 15b. Health insurance   | 15b. \$                | 0.00     |
| 15c. Vehicle insurance  | 15c. \$                | 0.00     |
| 15d. Other insurance. Specify:  | 15d. \$                | 0.00     |
| <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. |                        | 0.00     |
| Specify:  | 16. \$                 | 0.00     |
| Installment or lease payments:  |                        |          |
| 17a. Car payments for Vehicle 1   | 17a. \$                | 0.00     |
| 17b. Car payments for Vehicle 2   | 17b. \$                | 0.00     |
| 17c. Other. Specify: Chapter 13 Plan  | 17c. \$                | 813.00   |
| 17d. Other. Specify:  | 17d. \$                | 0.00     |
| Your payments of alimony, maintenance, and support that you did not report              | as                     |          |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 100            |                        | 0.00     |
| Other payments you make to support others who do not live with you.                     | \$                     | 0.00     |
| Specify:  | 19.                    |          |
| Other real property expenses not included in lines 4 or 5 of this form or on S          |                        |          |
| 20a. Mortgages on other property  | 20a. \$                | 0.00     |
| 20b. Real estate taxes  | 20b. \$                | 0.00     |
| 20c. Property, homeowner's, or renter's insurance                                       | 20c. \$                | 0.00     |
| 20d. Maintenance, repair, and upkeep expenses   | 20d. \$                | 0.00     |
| 20e. Homeowner's association or condominium dues  | 20e. \$                | 0.00     |
| Other: Specify:   | 21. +\$                | 0.00     |
| Calculate your monthly expenses   |                        |          |
| 22a. Add lines 4 through 21.  | \$                     | 2,018.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J      |                        | 2,010.00 |
|   |                        | 0.040.00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                         | \$                     | 2,018.00 |
| Calculate your monthly net income.  |                        |          |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.                       | 23a. \$                | 2,018.00 |
| 23b. Copy your monthly expenses from line 22c above.                                    | 23b\$                  | 2,018.00 |
|   |                        |          |
| 23c. Subtract your monthly expenses from your monthly income.                           | 23c. \$                | 0.00     |
| The result is your monthly net income.  | 200.                   | 0.00     |

#### 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Explain here: Barberton Municipal Court is paid a total of \$100/month but will be paid in full in 2 months. Yes.

|               | Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:0   | 9 Page       | 9 59 0f 76<br>5/22/19 8:46AM     |
|---------------|---|--------------|----------------------------------|
| Fill          | in this information to identify your case:  |              |                                  |
| Deb           | tor 1 Edith E Greathouse  |              |                                  |
| Deb           | First Name Middle Name Last Name tor 2  |              |                                  |
| (Spo          | use if, filing) First Name Middle Name Last Name  |              |                                  |
| Unit          | ed States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA  |              |                                  |
| Cas<br>(if kn | e number  | _            | k if this is an<br>ded filing    |
| Sul<br>Be a   | icial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information s complete and accurate as possible. If two married people are filing together, both are equally responsible mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amen original forms, you must fill out a new Summary and check the box at the top of this page. | for supplyi  |                                  |
| Part          | 1: Summarize Your Assets  |              |                                  |
|               |   | Your a       | ssets<br>of what you own         |
| 1.            | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 47,128.50                        |
|               | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 10,768.64                        |
|               | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 57,897.14                        |
| Part          | 2: Summarize Your Liabilities   |              |                                  |
|               |   |              | i <b>abilities</b><br>nt you owe |
| 2.            | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | . \$         | 115,627.00                       |
| 3.            | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$           | 5,051.00                         |
|               | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 3,968.51                         |
|               | Your total liabilitie   | s \$         | 124,646.51                       |
| Part          | 3: Summarize Your Income and Expenses   |              |                                  |
| 4.            | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 2,018.00                         |
| 5.            | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 2,018.00                         |
| Part          | 4: Answer These Questions for Administrative and Statistical Records  |              |                                  |
| 6.            | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with y  | our other sc | hedules.                         |

- Yes
- What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Edith E Greathouse

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 918.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total cla | im       |
|--|-----------|----------|
| Trom rait 4 on ochedule 2/1, copy the following.   |           |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 5,051.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 5,051.00 |

|               | nis information to identify you  | r case:   |                                 |                              |  |
|---------------|--|---|---------------------------------|------------------------------|--|
| Debtor '      | Edith E Greatho  | use   |                                 |                              |  |
|               | First Name   | Middle Name                                       | Last Name                       |                              |  |
| Debtor 2      | 2  |   |                                 |                              |  |
| (Spouse if    | filing) First Name   | Middle Name                                       | Last Name                       |                              |  |
| United S      | States Bankruptcy Court for the:   | EASTERN DISTRICT (                                | OF NORTH CAROLINA               |                              |  |
| Case nu       | ımber  |   |                                 |                              |  |
| (if known)    |  |   |                                 |                              | ☐ Check if this is an  |
|               |  |   |                                 |                              | amended filing   |
| You mus       | arried people are filing togeth<br>at file this form whenever you<br>g money or property by fraud<br>r both. 18 U.S.C. §§ 152, 1341,                                       | file bankruptcy schedule in connection with a ban | s or amended schedules. Mal     | king a false statem          |  |
| , , .         |  | , 1519, and 35/1.                                 | . ,                             |                              |  |
| , , .         | Sign Below   | , 1519, and 35/1.                                 |                                 |                              |  |
|               | _  |   | rney to help you fill out bankı | ruptcy forms?                |  |
|               | Sign Below   |   | rney to help you fill out bankı | ruptcy forms?                |  |
|               | Sign Below   |   | rney to help you fill out bankı | Attach <i>Bankru</i>         | ptcy Petition Preparer's Notice,                                     |
| Die           | Sign Below d you pay or agree to pay som   |   | rney to help you fill out bankı | Attach <i>Bankru</i>         |  |
| Die<br>■<br>□ | Sign Below d you pay or agree to pay som   | neone who is NOT an atto                          |                                 | Attach Bankru Declaration, a | ptcy Petition Preparer's Notice,<br>nd Signature (Official Form 119) |
| Die Und tha   | Sign Below  d you pay or agree to pay som  No  Yes. Name of person  der penalty of perjury, I declar   | neone who is NOT an atto                          |                                 | Attach Bankru Declaration, a | ptcy Petition Preparer's Notice,<br>nd Signature (Official Form 119) |
| Die Und tha   | Sign Below  d you pay or agree to pay som  No  Yes. Name of person  der penalty of perjury, I declar they are true and correct.  /s/ Edith E Greathouse Edith E Greathouse | neone who is NOT an atto                          | nmary and schedules filed wit   | Attach Bankru Declaration, a | ptcy Petition Preparer's Notice,<br>nd Signature (Official Form 119) |
| Die Und tha   | Sign Below  d you pay or agree to pay som  No  Yes. Name of person  der penalty of perjury, I declar they are true and correct.  /s/ Edith E Greathouse                    | neone who is NOT an atto                          | nmary and schedules filed wit   | Attach Bankru Declaration, a | ptcy Petition Preparer's Notice,<br>nd Signature (Official Form 119) |

| Case 19-02338-5-DMW | Doc 1 | Filed 05/22/19 | Entered 05/22/19 08:53:09 | Page 62 of 76  |
|---------------------|-------|----------------|---------------------------|----------------|
|                     |       |                |                           | 5/22/19 8:46AI |

| In re | Edith E Greathouse |           | Case No. |  |
|-------|--------------------|-----------|----------|--|
|       |                    | Debtor(s) |          |  |

# FORM 106DEC DECLARATION ABOUT AN INDIVIDUAL DEBTOR'S SCHEDULES Attachment A

Inclusion of any debt listed on Schedules D, E or F shall not be construed as an admission as to it's validity including but not limited to the propriety/amount of charges/fees, interest rate or standing to assert a claim based on the alleged debt.

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 63 of 76 Filed 05/22/19 8:46AM

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Eastern District of North Carolina

| In re  | Edith E Greathouse  |   | Case No.                                 |                                     |
|--------|---|---|--|-------------------------------------|
|        |   | Debtor(s)   | Chapter                                  | 13                                  |
|        | DISCLOSURE OF CO  | MPENSATION OF ATTOR   | NEY FOR DE                               | BTOR(S)                             |
| C      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. compensation paid to me within one year before be rendered on behalf of the debtor(s) in contempts.  | the filing of the petition in bankruptcy, o   | or agreed to be paid                     | to me, for services rendered or to  |
|        | For legal services, I have agreed to accept   |   | \$                                       | 5,000.00                            |
|        | Prior to the filing of this statement I have re   |   |  | 157.00                              |
|        | Balance Due   |   | \$                                       | 4,843.00                            |
| 2. \$  | 310.00 of the filing fee has been paid.   |   |  |                                     |
| 3.     | The source of the compensation paid to me was:  | :   |  |                                     |
|        | ■ Debtor □ Other (specify):   |   |  |                                     |
| 4.     | The source of compensation to be paid to me is:   |   |  |                                     |
|        | ☐ Debtor ☐ Other (specify):   | Chapter 13 Plan   |  |                                     |
|        | - Onler (specify).  | Onapier 10 Fian   |  |                                     |
| 5.     | I have not agreed to share the above-disclos  | ed compensation with any other person u   | inless they are memb                     | pers and associates of my law firm. |
|        | ☐ I have agreed to share the above-disclosed copy of the agreement, together with a list of   |   |  |                                     |
| 6.     | In return for the above-disclosed fee, I have agr   | eed to render legal service for all aspects   | of the bankruptcy ca                     | ase, including:                     |
| t<br>c | Analysis of the debtor's financial situation, a<br>preparation and filing of any petition, schedu<br>Representation of the debtor at the meeting of<br>Representation of the debtor in adversary process.<br>[Other provisions as needed] | ules, statement of affairs and plan which a<br>of creditors and confirmation hearing, and | may be required;<br>d any adjourned hear |                                     |
| 7. I   | By agreement with the debtor(s), the above-disc<br>Refer to attorney fee contract atta  | closed fee does not include the following ached hereto. (Chapter 13 Cases of              |  |                                     |
|        | Representation of debtors in an a only)   | adversary proceeding or other con   | tested bankruptc                         | y matters. (Chapter 7 cases         |
|        |   | CERTIFICATION   |  |                                     |
|        | certify that the foregoing is a complete statement ankruptcy proceeding.  | ent of any agreement or arrangement for p   | payment to me for re                     | epresentation of the debtor(s) in   |
| М      | ay 10, 2019   | /s/ Lindsay Murph   | y Parker                                 |                                     |
| _      | ate   | Lindsay Murphy P<br>Signature of Attorney<br>Gillespie & Murph                            | arker 50894                              |                                     |
|        |   | P.O. Drawer 888<br>New Bern, NC 285   | 63                                       |                                     |
|        |   | (252) 636-2225 F  | ax: (252) 636-062                        | 5                                   |
|        |   | gmpa@lawyersfor  Name of law firm   | CHRIST.COM                               |                                     |

# Gillespie and Murphy, P.A.

Attorneys at Law

J. Allen Murphy Jonathan E. Friesen Lindsay M. Parker Patrick D. Riley

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#### CLIENT AUTHORIZATION FOR LEGAL SERVICES, BANKRUPTCY FEE CONTRACT, CHAPTER 13 CASE

The undersigned "Client(s)" retains the law offices of Gillespie and Murphy, P.A. (hereafter referred to as "attorney") for the purpose of filing a petition under Chapter 13 of the U.S. Bankruptcy Code (the "case.") The attorney shall represent the client in a Chapter 13 bankruptcy proceeding before the United States Bankruptcy Court for the Eastern District of North Carolina, subject to the terms of this agreement as set forth herein.

#### 1. FEES AND COSTS AND TERMS OF PAYMENT:

Client(s) agree(s) attorney shall be paid a total of \$5343.00

This amount includes the following:

| 1. | \$ 5000.00 | attorney fees;                                 |
|----|------------|--|
| 2. | \$ 33.00   | credit report fee (\$33.00 ind./\$66.00 joint) |
| 3. | \$ 310.00  | bankruptcy court filing fee;                   |
| 4. | \$         | other services                                 |

The following amount of fees and costs must be paid prior to the final preparation of and (b) filing of the Chapter 13 bankruptcy petition:

| 1. | \$<br>157.00 | up front portion of attorney fee;              |
|----|--------------|--|
| 2. | \$<br>33.00  | credit report fee (\$33.00 ind./\$66.00 joint) |
| 3. | \$<br>310.00 | bankruptcy court filing fee;                   |
| 4. | \$<br>       | other services                                 |

TOTAL UP FRONT FEES AND COSTS: \$500.00

The balance of the attorney fee of  $\frac{4,843.00}{}$  shall be paid through the client(s) (c) Chapter 13 plan in accordance with the applicable provisions of the Bankruptcy Code and the applicable provisions of the Local Rules of the Bankruptcy Court for the Eastern District of North Carolina (EDNC). Attorney fees to be paid through the Chapter 13 plan (the portion of the attorney fee not paid upfront/pre-petition and any additional compensation awarded the attorney upon application to the court pursuant to Rule 2016-1 (a)(11)(A) herein and the Administrative Guide) shall be treated and paid by the Trustee as an administrative expense of the Chapter 13 case. These fees shall be paid by the Trustee during the first year of the plan unless the Court, the Trustee, or approved Chapter 13 Plan directs otherwise. The Trustee may without application to the court, modify the Chapter 13 plan to extend the duration of the plan and/or increase the monthly amount of the plan payment in order to provide the funds necessary to pay the attorney fees as set forth herein. The Trustee must notify the attorney and the client(s) of any necessary plan modifications.

(d) The undersigned has paid \$\sum\_{0.00}\$ upon execution of the agreement. The remaining balance of the upfront attorney fee and cost are \$\sum\_{500.00}\$ and must be paid prior to the preparation and filing of the Chapter 13 bankruptcy petition. The Chapter 13 petition shall not be filed, in accordance with the bankruptcy code, until all upfront fees and costs, as set forth above are paid and all information requested by attorney is provided, the petition is prepared, reviewed by "Client(s)" for accuracy and signed for verification by "Client(s)". Once preparation of the petition has begun all attorneys fee paid to the attorney shall be applied in payment of the attorneys fees and shall be non-refundable.

Client agrees that if payments are not made as outlined above, attorney may immediately close client(s) file, in which case no further action needs to be taken or services rendered by attorney and said file shall be closed. The bankruptcy court filing fee shall be returned to the client(s) with all other fees paid being non-refundable and paid to attorney. In the event the "Client(s)" has not paid the up-front fees and costs within 180 days of the date of this Agreement, it shall be presumed that the "Client(s)" has elected not to file bankruptcy. Any attorney fees paid and costs paid for services such as, but not limited to, credit report, credit counseling, debtor education or similar services after this 180 days shall be forfeited by Client(s) to attorney as non-refundable.

(e) Additional fees may be awarded to attorney for services provided to client in accordance with the local rules of the bankruptcy court for the EDNC.

The fee schedule set forth in paragraph 6 (A) - (T) below reflects the current fees allowed for the services described. These fees are adjusted upwards by the Court from time to time and any services provided will be billed at the rate in existence at the time such services are rendered.

In accordance with local rule 2016-1 of the Bankruptcy Court for the Eastern District of North Carolina, the following are the rules and procedures governing the award of attorney's fees in Chapter 13 cases. Client(s) acknowledges these rules and procedures and agrees to the terms thereof.

(1) AMOUNT OF STANDARD BASE FEE: The standard base fee in a

- Chapter 13 case is as provided in the statement of approved compensation published annually by the clerk and included in the Administrative Guide to Practice and Procedure. (\$5,000.00) Though the standard fee will typically be approved by the court without hearing, the trustee may recommend, in appropriate cases, that a lower fee be allowed. In recommending a standard base fee in converted cases, the trustee shall take into consideration the compensation already received.
- (2) SERVICES INCLUDED IN THE BASE FEE. The standard fee includes the basic services reasonably necessary to represent the debtor before the bankruptcy court during the first 12 months after filing the case, or confirmation of the case, whichever occurs first.
- (3) APPLYING FOR A HIGHER BASE FEE. Applications for approval of a base fee higher that the standard base fee must be filed by the debtor's attorney within 60 days after the conclusion of the creditor's meeting under § 341 of the Bankruptcy Code.
- (4) NON-BASE FEE SERVICES DEFINED. The following services are not covered by the standard base fee, and additional compensation for these services may be awarded by the court:
  - (A) motion for authority to sell real property;
  - (B) application to incur debt
  - (C) prosecution or defense of adversary proceedings
  - (D) motion or adversary proceeding to value collateral and avoid mortgage;
  - (E) motion to avoid lien;
  - (F) services other than those included in the base fee as described in subsection(a)(2); and
  - (G) any other service that, in the discretion of the court, reasonably warrants additional compensation.
- (5) APPROVAL OF NON-BASE FEES. Except as specified in subsection (6), applications for fees for any non-base fee services provided to a chapter 13 debtor must be approved by the court. Notice of each application for fees and expenses in any amount under \$1,000 must be sent to each debtor, the trustee, and the bankruptcy administrator. Notice of each application for fees and expenses of \$1,000 and above must be given to all parties in interest.
- (6) PRESUMPTIVE NON-BASE FEES/APPROVAL/NOTICE. The list of presumptively reasonable non-base fee services are contained in the statement of approved compensation published by the clerk and included in the Administrative Guide to Practice and Procedure. Applications for the presumptive non-base fee must be filed with a notice verifying completion of the service and a certificate of service evidencing service of the notice on each debtor and the trustee. After notice pursuant to subsection (5) above, the applications for presumptive non-base fees will be deemed approved by the court but is subject to modification of the court upon a timely objection. Alternatively, the debtor's attorney may apply to the court for approval of non-base fees on a "time and expense" basis pursuant to Rule 2016 of the Federal Rules of Bankruptcy Procedure and 11 U.S.C. § 330. Presumptive

Non-base Fees effective September 1, 2012 and modified effective December 4, 2015 as outlined in the Administrative Guide are listed below:

|  | φ4 <b>=</b> 0 00 |
|--|------------------|
| (A) Motion to use interrogatories, and interrogatories | \$150.00         |
| (B) Motion for turnover                                | \$400.00         |
| (C) Motion to avoid lien                               | \$450.00         |
| (D) Motion to modify plan post-confirmation            | \$450.00         |
| (E) Motion to substitute collateral                    | \$400.00         |
| (F) Motion for authority to sell property              | \$450.00         |
| (G) Application to incur debt                          | \$200.00         |
| (H) Defense of motion for relief from stay and/or      |                  |
| co-debtor stay   | \$500.00         |
| (I) Handling of an insurance inquiry received more     |                  |
| than twelve (12) months after the Chapter              |                  |
| 13 case is filed                                       | \$100.00         |
| (J) Motion to set aside dismissal                      | \$350.00         |
| (K) Defense of motion to dismiss                       | \$250.00         |
| (L) Motion for hardship discharge                      | \$500.00         |
| (M) Objection to claims                                | \$150.00         |
| (N) Notice to abandon property                         | \$150.00         |
| (O) Motion to Value Collateral and Avoid Mortgage      | \$500.00         |
| (P) Filing of proof of claim                           | \$150.00         |
| (Q) Motion to Deem Mortgage Current (to be paid        |                  |
| directly by the debtor)                                | \$350.00         |
| (R) Amendment to schedules or statement of             |                  |
| Financial Affairs                                      | \$100.00         |
| (S) Objection to Confirmation                          | \$350.00         |
| (T) Motion to Surrender                                | \$150.00         |
|  |                  |

COSTS APPLIED TO ALL: When the costs for copying and postage exceed \$25.00, the actual amount, plus the presumptive fee, shall be reimbursed to counsel.

- (7) DISCLOSURE OF FEE PROCEDURES. Every attorney for a chapter 13 debtor must disclose to the debtor the procedures applicable in this district to awards of attorneys' fees in chapter 13 cases.
- (8) INTERIM APPROVAL OF PARTIAL BASE FEE. An attorney fee incurred for services provided to the debtor in connection with the bankruptcy filing prior to the petition date is authorized and shall be considered part of the base fee. Any amount in excess of the base fee collected by the attorney prior to filing the chapter 13 petition must be held in the attorney's client trust account pending further order of the court or approval of the fees in accordance with this rule.
- (9) PAYMENT OF ATTORNEY FEES/MODIFICATION OF PLAN. The following will be treated and paid as administrative expenses of the chapter 13 case:
  - (A) the standard base fee, less any partial base fee paid prior to filing the chapter 13 petition; and
  - (B) any additional amounts awarded in excess of the standard base fee or for non-base fee services.

These fees shall be paid by the trustee at the rate set in the Administrative Guide to Practice and Procedure unless the court directs otherwise. The trustee may, without application to the court, modify the chapter 13 plan to extend the duration of the plan and/or increase the monthly amount of the plan payment in order to provide the funds necessary to pay attorney fees. The trustee must notify the debtor and the debtor's attorney of the plan modification.

- (f) Upon the payment of any portion of the up-front attorney fees set forth in 1(b) above, a file shall be opened and all fees paid to attorney towards the up-front attorney fees shall be deemed non-refundable. In the event that client elects not to file bankruptcy, all monies paid will be first applied to the up-front attorney's fees and non-refundable, then to other costs incurred by attorney, then to the cost of credit counseling fees, credit report fees, bankruptcy court filing fees or other similar fees/costs and if not expended for such purpose shall be refundable to the "Client(s)" upon request, except as set forth in paragraph 1 (d).
- (g) If additional services, not included in the standard base fee nor included in local rule 2016-1 of the EDNC Bankruptcy Rules, do become necessary, the "Client(s)" agree(s) to pay for these additional services, upon request, in advance, before the services are rendered at the hourly rate of \$350.00 per hour and \$125.00 per hour for paralegal time, or a flat fee which payments will be deposited and kept in attorney's client trust account until any necessary court approval is obtained. In the alternative, the attorney may agree to provide the service and to apply to the Court to add the fees for said services paid through clients Chapter 13 plan, instead of requiring payment directly from client(s).
- (h) CONTINGENCY FEE ELECTION In the event the attorney files an action to address creditor misconduct, including adversary proceedings or motions for sanctions the attorney, in his sole discretion, may elect to provide these services on a "contingency fee" basis. Under this election, the client agrees that the attorney shall be compensated for performing these services through payment to him of a minimum of 33% of any gross recovery obtained on the client's behalf, subject to Bankruptcy Court approval.

#### 2. LEGAL SERVICES PROVIDED:

- (a) For the fees set forth in 1(a) above, the attorney shall provide basic services reasonably necessary to properly prepare the chapter 13 bankruptcy petition and represent the "Client(s)" before the bankruptcy court during the first 12 months after filing the petition or confirmation of the case, whichever occurs first, however, additional fees may be awarded during this 12 months or prior to confirmation in accordance with the Local Rule 2016-1(a)4(E) of the bankruptcy court for the Eastern District of North Carolina as set forth in 1(e) above. These services include the following:
  - 1. Interview with the debtor;
  - 2. Analysis and recommendation of appropriate chapter of Bankruptcy;
  - 3. Reasonable inquiry into the debtor's assets, including efforts to confirm or verify ownership through search of a tax office, register of deeds office, other public records search, or document review;
  - 4. Obtaining credit report, pay advices (if no wages or self-employed during the applicable period, an appropriate affidavit), and tax returns;

- 5. Preparation of all documents required under §521 of the Bankruptcy Code, including, but not limited to, the schedules, Statement of Financial Affairs for Individuals Filing for Bankruptcy, Forms 122C-1 and 122C-2 (if applicable), and chapter 13 plan;
- 6. Representation at the creditors' meeting under §341 of the Bankruptcy Code;
- 7. Preparation of any amendment to schedules or plan modifications prior to confirmation;
- 8. Attendance at plan confirmation hearings;
- 9. Preparation of motion to extend or impose automatic stay for repeat filers, if appropriate;
- 10. Exemption planning;
- 11. Communication with client, creditors, court, Bankruptcy Administrator, and Trustee for proper administration of the case;
- 12. Review of documents relevant to the case for it's proper administration; and,
- 13. Maintaining custody and control of case file.
- (b) However, in the event some unusual or unexpected event or action occurs that requires more time, expense, and labor for any of the above, the attorney has the right to seek an award of fees through the court for such time, expense and labor.

#### 3. LEGAL SERVICES NOT PROVIDED:

- (a) Conversion to Chapter 7 (if the Chapter 13 case is converted to Chapter 7, the debtor will pay an additional fee set by attorney);
- (b) Representation in any action objecting to discharge in bankruptcy or discharge of a particular debt;
- (c) Representation in any Adversary Proceeding filed by the Trustee or creditor or Bankruptcy Administrator;
- (d) Post-discharge actions;
- (e) Representation before any tax authority;
- (f) The cost of long distance telephone calls and the cost of delivery (other than postage) as permitted by the Local Rules;
- (g) Services initiated to resolve issues concerning concealment of debts or assets or misrepresentation of facts;
- (h) Non-appearances at court or the first meeting of creditors;
- (i) Negotiating or arranging for the retention, redemption. or post discharge release of collateral; and,
- (j) Actions related to incorrect credit reporting.
- (k) Searching title or lien records;
- (l) Services initiated to resolve issues concerning concealment of debts or assets or misrepresentation of facts, valuation of property, objection to exemptions, violation of or relief from the automatic stay, dismissal of the case, purchase or sale of property and incurrence of additional debt;
- (m) Representation in any state court proceeding;
- (n) Representation in any federal court proceeding not including bankruptcy
- (o) Representation in loan modifications;
- (p) Representation in settlement of debts

#### 4. CLIENT(S) OBLIGATIONS:

- (a) To pay the fees set out above;
- (b) To make all payments required by the Client(s) Chapter 13 plan to the Chapter 13 Trustee and pay all outside creditor payments pursuant to "Client(s)" Chapter 13 plan;
- (c) To provide accurately, completely and honestly all the information necessary to properly analyze the client(s) financial situation and prepare the chapter 13 bankruptcy petition, schedules, statement of financial affairs, supplemental local forms, chapter 13 plan, mailing matrix and other documents as required;
- (d) To thoroughly review and sign the bankruptcy petition, schedules, statement of financial affairs, supplemental local forms, chapter 13 plan, mailing matrix and other documents as required and advise attorney of any inaccuracies or changes needed;
- (e) To keep the attorney advised at all times of all the client(s) current contact information, including but not limited to, mailing addresses, physical address, email address, work phone number, home phone number, cell number and any other means of contact;
- (f) To attend the section 341 meeting of creditors and any other court hearings set in "Client(s)" case and to arrive in a timely manner dressed appropriate for a court proceeding;
- (g) To provide any information requested by the Chapter 13 Trustee, Court, Bankruptcy Administrator, Attorney for "Client(s)", any member of Attorney's staff and any other party in the case, unless the Court rules the "Client(s)" is/are not required to provide the information:
- (h) To respond immediately to any phone call, correspondence and requests by the Attorney or staff of Attorney;
- (i) Comply with the obligations placed upon the "Client(s)" by Local Rule 4002-1(g), a copy of which is attached hereto;
- (j) To do everything asked of "Client(s)" by attorney, Trustee, Court and Bankruptcy Administrator for proper administration of "Client(s)" case;
- (k) Not to give out attorney's name, telephone number or address prior to the filing date of clients' case, unless clients have paid attorney at least \$200.00 of the attorney fees due; and
- (1) To promptly provide the Attorney with copies of any judgments, summons, writs of execution, foreclosure notices and all other documentation or legal process (law suits or other proceedings) for matters in which the Client is a party.

#### 5. POWER OF ATTORNEY REGARDING PAYMENTS MADE BY "CLIENT(S)"

(a) Pursuant to Local Rule 3070-1(a) of Local Rules of the EDNC Bankruptcy Court, upon conversion or dismissal of your Chapter 13 case prior to confirmation, and unless the Court orders otherwise, the Chapter 13 Trustee shall return to the debtor any payments made by the debtor under the proposed plan, less an administrative expense claim under 11 U.S.C. 503(b). Pursuant to the current practice in the EDNC, if after administrative expenses are paid, there is still money remaining, the Chapter 13 Trustee will return the payment made by the debtor to the office of the attorney representing debtor that filed the case instead of sending the money directly to the debtor.

THE "CLIENT(S)" HEREBY EXPRESSLY GRANTS ATTORNEY A POWER OF ATTORNEY TO NEGOTIATE ANY FUNDS RECEIVED FROM THE CHAPTER 13 TRUSTEE'S OFFICE UPON CONVERSION OR DISMISSAL OF THE CHAPTER 13 CASE PRIOR TO CONFIRMATION IF THE ATTORNEY

# FEES THAT WERE TO BE PAID THROUGH THE CHAPTER 13 PLAN PURSUANT TO THIS AGREEMENT ARE STILL DUE AND OWING TO ATTORNEY AT THE TIME OF THE CONVERSION OR DISMISSAL.

(b) Client understands and agrees that all attorney fees due attorney pursuant to this agreement are due to Attorney regardless of whether the case is confirmed or dismissed prior to confirmation and "Client(s)" is/are not entitled to any refund of any fees paid to Attorney pursuant to this agreement or by Chapter 13 Trustee.

#### 6. SECURITY INTEREST AND LIEN ON FUNDS HELD BY TRUSTEE:

In addition to the above power of attorney granted by Client(s), client(s) hereby grant attorney a security interest and lien on any of the client(s)' funds held by the Chapter 13 Trustee to secure the unpaid portion of any attorney fees due to attorney pursuant to the terms of this agreement.

#### 7. NO PROMISES OF OUTCOME, FUTURE CREDIT OR TAX ADVISE:

- (a) Client acknowledges that neither attorney nor attorney's staff has made any promises or guarantees about the outcome of "Client(s)" case or the "Client(s)" ability to obtain future credit.
- (b) The attorney representation of the "Client(s)" specifically does not include and the attorney has not undertaken to give tax advice to the client, and attorney has advised the debtor to seek separate counsel or a CPA or tax advisor with regard to any tax advice or tax ramifications of the filing of any bankruptcy proceeding.

#### 8. WITHDRAWAL FROM REPRESENTATION:

The attorney reserves the right to withdraw from this matter (i) if the client fails to honor any part/portion of this agreement, (ii) for any just reason as permitted or required under the North Carolina State Bar's Rules of Professional Conduct, (iii) as permitted by the rules of courts of the State of North Carolina and/or the Bankruptcy Court. Notification of withdrawal shall be made in writing to the client. Attorney shall have an automatic right to withdraw from this matter if a check delivered by the client to the attorney is returned for insufficient funds.

#### 9. RETENTION OF CLIENT(S) RECORDS:

Attorney shall scan for retention any of the books, papers, and/or records related to the representation of the client and return all hard copies to the client, if requested.

Client acknowledges and agrees that client's file (with the exception of personal belongings and original documents such as deeds, wills, contracts, etc.) may be destroyed on or after six (6) years from the date client's file is closed. No notice, written or otherwise, shall be provided to client of file destruction following this six year period.

10. READ CAREFULLY: Client understands that no paralegal, secretary, or other non-lawyer working at the offices of Gillespie and Murphy, P.A., has the authority (i) to give legal advice, (ii) to recommend that client should or should not file for the protection of bankruptcy, (iii) to recommend that client file under one bankruptcy chapter rather than another chapter, to the extent that such advice or recommendation would involve the exercise of independent legal judgement. Client acknowledges that no one employed by or affiliated with the law offices of Gillespie and Murphy, P.A., other than an attorney, has given such advice or made any such recommendation to the client.

- 11. Caution: Client understands that if client is behind in payments on a car, mobile home, furniture loan, lease or other secured debt, the bankruptcy laws do not stop a creditor from repossessing or otherwise taking such property until such time as the client's case gets filed with the Bankruptcy Court. Similarly, client understands that foreclosure on a home or a piece of land cannot be stopped until the clients case gets filed with the Bankruptcy Court.
- **12. Returned Checks:** Client will be charged (i) a processing fee of \$25.00 for any check in which payment has been refused by the payor bank because of insufficient funds or because the drawer did not have an account at that bank and (ii) any service charges imposed on the attorney by a bank or depository for processing the dishonored check, pursuant to the provisions of N.C.G.S. section 6-21.3 and 25-3-506.
- 13. Payments: All payments must be made in cash, via debit card, certified check, cashiers check, or money order unless approved by the attorney handling the case. Any payments made by personal check will delay the filing of the related bankruptcy petition for ten (10) business days to allow checks to clear the bank.

| Client acknowledges that client has read and | ************************************** |
|--|--|
| which consists of <u>10</u> pages.           |  |
| S/Edith Greathouse Signature of Client       | <u>3/8/2019</u><br>Date                |
| PRINTED Name of Client                       |  |
| Signature of Client                          | Date                                   |
| PRINTED Name of Client                       |  |

#### RULE 4002-1 DEBTOR DUTIES

- (a) The following shall apply to individual debtors in all cases.
  - (1) FINANCIAL INFORMATION. Every individual debtor shall bring to the meeting of creditors under §341 and make available to the trustee evidence of current income, including copies of all payment advices or other evidence of payment, if any, with all but the last four digits of the debtor's social security number redacted, received by the debtor from an employer within 60 days before the filing of the petition.
  - (2) TAX RETURN. At the meeting of creditors under §341, the debtor shall provide to the trustee a copy of the debtor's Federal income tax return for the most recent tax year ending immediately before the commencement of the case and for which a return was filed, including any attachments, or a transcript of the tax return, or provide a written statement that the documentation does not exist.
  - (3) The debtor's obligation to provide tax returns under Federal Bankruptcy Rules 4002(b)(3) and 4002 (b)(4), and Local Bankruptcy Rule 4002-1(a)(2) and (b)(2) is subject to procedures for safeguarding the confidentiality of tax information established by the Director of the Administrative Office of the United States Courts, except that with respect to tax returns provided b the debtor under Local Bankruptcy Rule 4002-1(a)(2) and (b)(2), the trustee and bankruptcy administrator are not subject to the procedures for requesting the obtaining access to tax information established by the Director of the Administrative Office of the United States Courts.
- (g) CHAPTER 13 DEBTOR DUTIES. The following shall apply in chapter 13 cases.
  - (1) SCHEDULES AND STATEMENTS REQUIRED. A debtor in a case under chapter 13 shall comply with the requirements of Local Bankruptcy Rule 1007-1.
  - (2) PAYMENTS UNDER PLAN. The debtor shall begin making the payments called for in the proposed plan on the first day of the first month following the month in which the chapter 13 case is filed. The payments shall be made as directed by the standing chapter 13 trustee.
  - (3) DIRECT PAYMENTS TO CREDITORS. If secured claims are to be paid outside the plan, the debtor shall continue to make the regular scheduled payments to the secured creditor prior to confirmation.
  - (4) DISPOSITION OF PROPERTY. The debtor shall not dispose of any non-exempt property having a fair market value of more than \$5,000 by sale or otherwise without prior approval of the trustee and an order of the court.
  - (5) OBTAINING CREDIT. The debtor shall not purchase additional property or incur additional debt of \$7,500 or more without prior approval from the court. The debtor must give notice of the application to purchase additional property or to incur additional debt to the chapter 13 trustee, who must respond within fourteen days of receipt of the notice. If no objection is filed, the court may approve the application without a hearing.
  - (6) ADEQUATE PROTECTION. When a case is dismissed prior to confirmation, the court may require the debtor to provide adequate protection to one or more secured creditors by directing that the chapter 13 trustee make adequate protection payments from funds received under paragraph (f)(2) (Payments Under Plan) of this rule.
  - (7) INSURANCE COVERAGE.
    - (A) The debtor shall keep the property of the debtor and the bankruptcy estate insured in a manner and to the extent as may be deemed necessary, with loss payable clauses, in the case of pledged or mortgages property, in favor of the appropriate secured creditors as their interest may appear.
    - (B) The debtor shall ensure that any vehicle, if it is property of the debtor or property of the estate and is required by a security agreement, lease or other similar agreement to be covered by collision insurance, is not driven, unless the vehicle is so covered.

Case 19-02338-5-DMW Doc 1 Filed 05/22/19 Entered 05/22/19 08:53:09 Page 75 of 76

### United States Bankruptcy Court Eastern District of North Carolina

|                                 | Eastern District of North Caronna    |  |                    |                       |  |  |  |
|---------------------------------|--------------------------------------|--|--------------------|-----------------------|--|--|--|
| In re                           | Edith E Greathouse                   |  | Case No.           |                       |  |  |  |
|                                 |                                      | Debtor(s)  | Chapter            | 13                    |  |  |  |
|                                 |                                      |  |                    |                       |  |  |  |
|                                 |                                      |  |                    |                       |  |  |  |
| VERIFICATION OF CREDITOR MATRIX |                                      |  |                    |                       |  |  |  |
|                                 |                                      |  |                    |                       |  |  |  |
|                                 |                                      |  |                    |                       |  |  |  |
|                                 |                                      |  |                    |                       |  |  |  |
| The abo                         | ove-named Debtor hereby verifies the | hat the attached list of creditors is true and c | orrect to the best | of his/her knowledge. |  |  |  |
|                                 |                                      |  |                    |                       |  |  |  |
|                                 |                                      |  |                    |                       |  |  |  |

/s/ Edith E Greathouse

**Edith E Greathouse**Signature of Debtor

Date: May 10, 2019

Advanced MD Attn: Managing Agent 10876 S River Front Pkwy Ste 400 South Jordan, UT 84095

AMCA Attn: Managing Agent P O Box 1235 Elmsford, NY 10523

Applied Business Services Attention: Managing Agent 617 Soundside Road Edenton, NC 27932

Atlantic Medical Group Attn: Managing Agent 4 Josh Ct Jacksonville, NC 28546

Barberton Municipal Court Attn: Managing Agent 576 West Park Ave 205 Barberton, OH 44203

Buglisi Eye Care Attn: managing Agent 1021 Hargett St Jacksonville, NC 28540

Capital One Attention: Managing Agent PO Box 30285 Salt Lake City, UT 84130

Carolinaeast Physicians Attn: Managing Agent P O box 68 Pollocksville, NC 28573

Catherines/Comenity Attn: Managing Agent Po Box 182125 Columbus, OH 43218 Central Credit Services Attn: Managing Agent 9550 Regency Square Blvd Ste 500 Jacksonville, FL 32225

Community Health Care Attn: Managing Agent 944 E Cherry St Canal Fulton, OH 44614

Credit One Bank Attn: Managing Agent P O box 98873 Las Vegas, NV 89193

Dr Leonard's/Carol Wright Gifts Attn: Managing Agent P O Box 7823 Edison, NJ 08818

First Premier Bank Attn: Managing Agent Po Box 5524 Sioux Falls, SD 57117

Firstpoint Collection Resources Attn: Managing Agent PO Box 26140 Greensboro, NC 27402

GM Conekin OD PA Attn: Managing Agent 200 Doctors Dr Ste K Jacksonville, NC 28546

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